

Simulation Prebriefing

Questions to answer in the prebriefing are based on Tanner's Clinical Judgment Model:

Directions: Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document. Details from the patient's chart can be located on Edvance360 in the Simulation Resources folder labeled Scenario # 1 or Scenario # 2. The prebriefing questions related to noticing and interpreting should be typed and submitted via Dropbox labeled with the simulation name (Prebrief Scenario # 1, Prebrief Scenario # 2) by **0800** the day of your simulation. The prebriefing assignment can be found in the Simulation Resources on Edvance360.

Report:

Review the patient's information in the chart provided on Edvance360 in the Simulation Resources. Utilize the handoff report sheet while reviewing the chart. Fill in the appropriate information from the chart in the corresponding sections of the handoff report sheet. This will be checked for completion immediately prior to starting each simulation scenario.

Formulate additional questions for the off-going nurse to clarify unclear information or missing details. These questions can be written on the back of your handoff report sheet.

Noticing:

What is one thing you notice from the patient's history or report that will guide your initial nursing care (maybe it is specific labs, their diagnosis, or past medical history, etc.)? Explain.

The one thing I noticed in the patient's history is that Roberta has had GERD, PUD, black, tarry stools and ASA use. These can all lead to Upper GI bleeds.

What expectations do you have about the patient prior to caring for them? Explain.

The expectations I have regarding the patient are that the patient is in need of serious medical care. Possibly needing a NG Tube, oxygen, CT scan and EGD, and fluid replacement (NS or LR). The CT scan and the EGD would be to locate the area of the bleed and get a biopsy for testing to see if Berrett's esophagus. Fluid replacement is to correct the hypovolemia and maintain blood pressure and due to blood loss. NG tube is used due to vomiting and to suction and reduce chances for possible aspiration due to vomiting and assess acid content in stomach. NG tube can also detect an upper GI bleed. Need to also have suction close by for the patient. Oxygen would be needed due to the GI bleed for circulation and breathing.

What previous knowledge do you have that will guide your expectations? Explain.

The fact that the patient has GERD, PUD, history of ASA use due to headache for two weeks, unstable electrolyte labs, long term use of omeprazole, the patient being a Type II DM, long time

history of smoking, elevated coagulant labs, history of N/V the past couple days, patient's age is a factor, and history of black tarry stools for 2 days. If a patient has an Upper GI bleed it is generally a fact that the patient will have black tarry stools, GERD, PUD, and decrease Hct and Hgb lab results. Fluid replacement is necessary to help with dehydration and electrolyte replacement for homeostasis. Smoking in general has a negative impact and any and all parts of the body. Long-term omeprazole use reduces the growth of organisms in the gut causing c-diff, and decreased bone density. Type II Dm and being NPO due to all the patient's symptoms and possibly preparing the patient for an EGD can cause the patient's blood sugars to be out of wack. The patient's PT, PTT, and INR are probably elevated due to the ASA use for two weeks.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

The definition of a GI bleed is some form of a disorder in the digestive tract, usually GERD, PUD, the fact that the patient is a smoker (only by 2 weeks) which increases gastric acid in the stomach causing inflammation and with long-term, uncontrolled GERD can turn into a GI bleed.

Laboratory data (give rationale for all abnormal lab results):

Abnormal Lab Values	Rationale for Abnormal Lab Values
Hgb 9.5 g/dL	Due to blood loss
Hct 30.2 %	Due to Upper GI bleed
Na 135 mEq/L	Due to electrolyte imbalance
K 3.4 mEq/L	Due to electrolyte imbalance
Glucose 122 mg/dL	Due to Upper GI bleed
Coag Levels all high PT, PTT, INR	Due to ASA use for at least 2 weeks regularly

Diagnostic testing (explain what diagnostic tests were done with results):

Diagnostic Testing	Results of Diagnostic Testing
Stool Specimen for Occult Blood	No result as of this time

Medications (provide a list of all medications with classification, indication for use, and nursing interventions):

Medication (generic and trade name)	Classification (therapeutic and pharmacologic)	Indication for use (specific to this patient)	Nursing Interventions (Assessment, Education, Safety Measures)
Omeprazole	PPI	GERD	Assess bowel function Monitor CBC, serum Mag, Daily weight bearing exercise Report N/V Drink plenty of clear fluids Consume calcium & Vit D Take magnesium supp. Take before first meal of day
Metformin	Biguanides	Type II DM	Monitor BS, serum folic acid, B ₁₂ , renal function, S/S hypoglycemia
ASA	Anti-platelet	Recurrent HA	Use cautiously w/history of PUD, Monitor liver function,
Phenergan	Antiemetics	N/V	Assess BP, P, R, Monitor for neuroleptic malignant, fall risk, CBC, serum glucose
Morphine	Opioid analgesic	Severe pain	Monitor for respiratory depression, Amylase & lipase levels, Assess LOC, BP, P, R, bowel function, opioid addiction