

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:

- One thing that I noticed from the patient's health history would be that she was previously diagnosed with a plethora of Gastrointestinal Diagnoses (i.e., Peptic Ulcer Diseases, Diverticulitis, GERD) in combination with her current diagnosis of Type 2 Diabetes Mellitus. She also was admitted to the ER with a diagnosis of a GI Bleed and a history of Nausea, Vomiting, and Black Tarry Stools for the past 2 days. Being that she's experiencing Nausea, Vomiting, and is producing Black Tarry Stools leads me to believe that the GI Bleed is most likely active. All the factors stated above support that she is either experiencing or at high risk for Fluid Imbalance/Loss. That being said, my top priority will be to assess the patient's Vitals, Hydration/Fluid Status, Level of Consciousness/Orientation, along with her diagnosed Gastrointestinal Bleed. Being that we don't know if she has experienced these symptoms before due to her extensive Health History, we would assume that they have not been properly assessed and conduct our own assessment on her current/prior medical diagnoses. In my opinion, I would connect her current GI Bleed to her prior diagnosis of Diverticulitis, which is known to produce inflammation/infections in the Gastrointestinal System. The patient most likely is experiencing the GI Bleed from either a perforation or rupture to one of her Diverticulum, resulting in Black Tarry Stool. She also has a history of GERD in combination with Peptic Ulcer Disease, which are both known to manifest through similar GI Symptoms such as Nausea, Vomiting, and Regurgitation, which would explain her sudden onset of Nausea and Vomiting. All of these symptoms that she is experiencing will most likely deplete her of her fluids, resulting in Dehydration/Electrolyte Imbalance. This will drastically decrease her Chloride (Hypochloremia), Potassium (Hypokalemia), Sodium (Hyponatremia), and ↓ Bicarbonate Levels, which can and most likely will manifest through her Circulatory System (i.e., Arrhythmias, Palpitations, ↓ Blood Pressure), Neurological System (i.e., Confusion, Dizziness, Seizures), and Pulmonary/Respiratory System (i.e., Muscle Weakness/Lethargy = ↓ Diaphragm Muscles = Difficulty Breathing = Hypoxemia = Metabolic Acidosis/Alkalosis = Respiratory Failure).

- The expectations I have about the patient prior to caring for them would be that they are most likely going to need IV Fluids to replace/balance their fluids. They also might need Supplemental Oxygen depending on how imbalanced their Fluids/Electrolytes are. They also might need an NG Tube inserted if their Vomit has a Coffee-Ground Appearance which indicates a GI Bleed and/or if their Tarry Bowel Movement (“Melena”) Tests Positive for Occult Blood which also indicates an Upper digestive Tract/GI Bleed (i.e., from either the Stomach, Small Intestines, or the Colon).
- Previous knowledge I have on these manifestations derive from the recent GI Lectures. It was stated that if a patient were to lose fluids via GI System, it will affect one’s Hydration Status. The Hydration Status being altered will manifest through the patient’s Electrolyte Levels becoming imbalanced/unstable (i.e., Chloride, Potassium, Magnesium, Sodium, Bicarbonate). The Electrolyte Imbalance will manifest through about every Body System as well as one’s Vital Signs (i.e., HR, BP, RR). This ultimately, creating a decrease in the patient’s overall Physiological/Psychological Status.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
<i>HGB 9.5g/dl</i>	<i>Due to Gastrointestinal Bleed</i>
<i>HCT 30.2%</i>	<i>Due to Gastrointestinal Bleed</i>
<i>Glucose 122mg/dL</i>	<i>Due to Type 2 Diabetes Mellitus</i>
<i>PT 17 seconds</i>	<i>Delayed/Inadequate to Coagulate</i>
<i>PTT 90 seconds</i>	<i>Delayed/Inadequate to Coagulate</i>
<i>INR 2.2</i>	<i>Delayed/Inadequate to Coagulate</i>
<i>K 3.4L</i>	<i>Due to Vomiting</i>

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

Diagnostic Testing	Results of Diagnostic Testing
<i>Stool Specimen</i>	<i>for Occult Blood</i>

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)
<i>Omeprazole (Prilosec) 40mg</i>	<i>PPI</i>	<i>Acid Reflux</i>	<i>Avoid Alcohol</i>
<i>Metformin (Glucagon) 500mg</i>	<i>Biguanide</i>	<i>Diabetes</i>	<i>Assess Renal Function</i>
<i>Aspirin (ASA) 325mg</i>	<i>NSAID</i>	<i>Pain/ Inflammation</i>	<i>Assess Pain</i>