Firelands Regional Medical Center

School of Nursing

Student Developed Simulation Scenarios

Directions: Students will be required to develop a scenario on a chosen topic related to the Maternal Child Nursing content taught throughout the semester. Faculty will be implementing the student developed scenarios on the day of the scheduled simulation. Students will be expected to perform a scenario in the simulation center that was developed by one of their classmates on the day of the simulation. Students will sign up to be in a group of 3-4 to develop a simulation scenario on the assigned topics. Please only include skills in the scenario that students have been taught in the curriculum already.

The scenario should be should be roughly 15 minutes in length. Students should use the attached storyboard and patient chart to develop their scenario. The group will need to submit the completed storyboard by **October 28, 2024 by start of class** via the Student Developed Scenarios dropbox. You are required to wear your student uniform the day of the simulation. A group meeting with your assigned faculty will be at the beginning of the semester on **September 9, 2024**. A mid-semester checkpoint will be at week 7 (**October 7, 2024**) of the course. The first page of the document will be required to be turned in at the beginning of class. Faculty will review your submission and will contact you. You should not proceed with completing the remainder of the document until contacted by your assigned faculty.

Students will vote on the best Student Developed Scenario and the chosen team will receive a prize.

During the debriefing process students will be expected to provide constructive feedback to their fellow students. Please be kind and considerate. Remember this is constructive feedback and not criticism. All students are expected to actively participate in the group debriefing.

The activity requirements and grading rubric are below. To be satisfactory for this experience you will need to score at least 77%. For any student not attending the day of simulation, credit will not be granted for the simulation time and will follow the Student Accountability Flow Sheet. This experience is worth 4 hours of simulation. Remember any missed simulation time needs to be made up hour for hour.

	Student Developed Simulation Scenario Rubric	**Points**	**Total**
1	In your group, develop a simulation scenario related to the assigned topic.	8	
2	Develop 2 questions to ask in debriefing related to your developed scenario. Questions should be specific and not simply what did you do well and how could you improve.	8	
3	Develop 2 questions NCLEX style questions with rationale related to the content in your developed scenario.	8	
4	Be creative and highlight the essential information to know about the assigned topic on the storyboard.	8	
5	Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm throughout the group process.	8	
6	Complete initial meeting with assigned faculty on **September 9, 2024**.	12	
7	Mid-semester checkpoint with faculty on **October 7, 2024**. (Page 1 document to dropbox by 0800. Meet with assigned faculty after class.)	12	
8	Completed Storyboard submitted to the Student Develop Simulation Scenarios Dropbox on Edvance360 by **October 28, 2024 at start of class.**	13	
9	Actively participates throughout the entire process (Development/day of simulation) including being present on the day of the Student Developed Scenarios **November 19, 2024**.	23	
	Total	100	

<table>
<tr><th colspan="2">Student Developed Simulation Scenario Storyboard</th></tr>
<tr><td>Identified Problem/Scenario Topic and Related Resources:

Gestational Diabetes

Textbook Chapter 8: Nursing care of the women with complications during pregnancy

Kylee Cheek, Lindsey Steele, Presley Stang</td><td>Desired Overall Goal:
1. The patient will maintain blood glucose levels within the target range; typically, fasting blood glucose <95 mg/dL. One hour after a meal, blood glucose level should be 140 mg/dL or lower. Two hours after a meal blood glucose should be 120 mg/dL or lower.
2. The patient will demonstrate understanding and adherence to strategies to maintain glucose levels and learn how to use insulin pen.
3. The patient will recognize the signs and symptoms of hypoglycemia (e.g., shakiness, sweating, blurred vision) and know how to take appropriate actions, such as consuming fast-acting carbohydrates such as juice.
4. The patient will incorporate and adhere to a safe, regular physical activity routine such as daily walking or light exercises, as recommended by her healthcare provider, to help regulate blood glucose levels.</td></tr>
<tr><td>Case Summary:
27-year-old female patient, 35 weeks pregnant, who is diagnosed with gestational diabetes (GDM). She has a history of PCOS, a previous pregnancy over 9 lbs., and a direct family history of type 2 diabetes. She came in for shortness of breath, heart palpitations, fatigue, blurred vision, and severe headache. T: 98.0, HR: 110, RR: 30, BP: 160/10, Spo2: 95%, BS:230 mg/dL</td><td rowspan="2">Expected Interventions of Students:
1. Assessing the patient’s understanding of gestational diabetes and providing teaching if needed.
2. Refer to a dietitian and reinforce the diet plan.
3. Monitor blood sugar levels and adjust care as per provider's orders
4. Administer insulin or medications as prescribed.
5. Teach capillary glucose testing for self-monitoring.
6. Monitoring for signs of hyperglycemia and DKA
7. Monitor fetal growth with NSTs as ordered.</td></tr>
<tr><td>Supplies:
1. Glucometer and test strips
2. Gloves
3. Sharps container
4. Pregnant belly
5. Vital Sign machine
6. Alcohol wipe, tissues
7. Patient education materials
8. Insulin pen
9. Diet plan</td></tr>
</table>

NCLEX Questions

1. A nurse is reviewing the blood glucose levels of a patient at 35 weeks' gestation with gestational diabetes. Which blood glucose reading would indicate that the patient's blood sugar is well controlled?
    a. A. 95 mg/dL fasting
    b. B. 140 mg/dL fasting
    c. C. 165 mg/dL 1 hour after a meal
    d. D. 200 mg/dL 2 hours after a meal

    Answer: A. 95 mg/dL fasting; within the recommended range for good blood sugar control during pregnancy according to our textbook.

2. A pregnant woman with gestational diabetes asks how her condition might affect her baby after delivery. What is the best response by the nurse?
    a. "Your baby might develop type 1 diabetes immediately after birth."
    b. "Your baby could have low blood sugar after delivery, but we will monitor and treat it if necessary."
    c. "Gestational diabetes does not affect the baby after birth as long as it was controlled during pregnancy."
    d. "Your baby will likely need insulin injections for the first few days after birth."

    Answer: B. "Your baby could have low blood sugar after delivery, but we will monitor and treat it if necessary", Infants born to mothers with gestational diabetes are at risk for neonatal hypoglycemia because they may produce extra insulin in response to the higher blood glucose levels during pregnancy.

7/29/24 KA

Case Flow (15-20 Minute Simulation Time)

Initiation of Scenario:

Case Study:
Patient in bed-hand off received.
Patient reports fatigue, increased thirst, and increasing headache
Patient A&Ox4

Vital Signs	**T**	**98.0**	**HR**	**91**	**RR**	**18**	**BP**	**130/80 mmg**	**SPo2**	**94% RA**	**Pain**	**7/10**	**BS**	**230 mg/dL**

Cardiac	Tachycardia
Respiratory	SOB, lung sounds clear
Neuro	Disorientation, difficulty concentrating
Skin	WNL
GI	WNL
GU	Increased urine production
Other	NA

First Frame:

Case Study:
Nurse introduces self and begins assessment.
Patient A&O x3
Vitals signs show increased heart rate, respiratory rate, and blood pressure.
Patient was given 2L NC

Vital Signs	**T**	**98.0**	**HR**	**110**	**RR**	**28**	**BP**	**150/94**	**SpO2**	**96% on 2L**	**Pain**	**7/10**	**BS**	**235 mg/dL**

Cardiac	Tachycardic, palpitations
Respiratory	Tachypnea, SOB, clear lung sounds
Neuro	Disoriented, irritability
Skin	Decreased skin turgor
GI	WNL
GU	Polyuria, Frequent infections of the bladder and vagina
Other	NA

Second Frame

Case Study:
Increases 2L NC to 4L NC
Acetaminophen 200mg PO due to headache score of 7/10
Primary nurse obtains a urinalysis and CBC
Primary nurse calls HCP regarding urinalysis, CBC, and blood sugar level to obtain an order for insulin.

Gives SBAR to RRT

Vital Signs	**T**	**98.0**	**HR**	**120**	**RR**	**31**	**BP**	**160/102**	**SpO2**	**98% on 4L per NC**	**Pain**	**3/10**	**BS**	**240 Mg/dL**

Cardiac	Tachycardic
Respiratory	Tachypnea, clear lung sounds
Neuro	Irritability, Decreased LOC
Skin	Decreased skin turgor
GI	WNL
GU	Polyuria, Frequent infections of the bladder and vagina
Other	Polyphagia

Third Frame

Case Study:
Administer newly ordered Lispro
Reassess vital signs, blood sugar, and LOC

Vital Signs	**T**	**98.0**	**HR**	**76**	**RR**	**16**	**BP**	**122/62**	**SpO2**	**98% on 6L per mask**	**Pain**	**3/10**	**BS**	**152 Mg/dL**

Cardiac	WNL
Respiratory	Respirations regular rate and depth, Lung sounds clear
Neuro	Pt becomes A/O x 3 as medication starts to work
Skin	Pink, warm, and dry
GI	WNL
GU	WNL
Other	NA

Scenario End Point

Case Study:
Patient responds to Lispro
Nurse educates patient on Gestational diabetes

Vital Signs	**T**	**98.0**	**HR**	**76**	**RR**	**16**	**BP**	**122/62**		**98% on 6L per mask**	**Pain**	**3/10**	**BS**	**80 Mg/dL**

Cardiac	WNL
Respiratory	Respirations regular rate and depth, Lung sounds clear
Neuro	A/O x 3
Skin	WNL
GI	WNL
GU	WNL
Other	NA

Debriefing Questions:

1. What were the main risk factors for this patient developing gestational diabetes?

2. What challenges did you encounter while managing gestational diabetes during the simulation, and how did these interventions used impact the patient's outcome?

Student Developed Simulation Scenario Storyboard	
Identified Problem/Scenario Topic and Related Resources:	**Desired Overall Goal:** **1.** **2.** **3.** **4.**
Case Summary:	**Expected Interventions of Students: <u>(Minimum of 5 required.)</u>** **1.** **2.** **3.** **4.** **5.** **6.** **7.** **8.** **9.** **10.**
Supplies: **1.** **2.** **3.** **4.** **5.** **6.** **7.** **8.** **9.** **10.**	

NCLEX Questions

1.

a.
b.
c.
d.

Answer:

2.

a.
b.
c.
d.

Answer:

Case Flow (15-20 Minute Simulation Time)

Initiation of Scenario:

Case Study:
Patient in bed and hand off report received.
Patient

Vital Signs	T		HR		RR		BP		SpO2		Pain		BS	
Cardiac														
Respiratory														
Neuro														
Skin														
GI														
GU														
Other														

First Frame:

Case Study:

Vital Signs	T		HR		RR		BP		SpO2		Pain		BS	
Cardiac														
Respiratory														
Neuro														
Skin														
GI														
GU														
Other														

Second Frame

Case Study:

Vital Signs	T		HR		RR		BP		SpO2		Pain		BS	
Cardiac														
Respiratory														
Neuro														
Skin														
GI														
GU														
Other														

Third Frame

Case Study:

Vital Signs	T		HR		RR		BP		SpO2		Pain		BS	
Cardiac														
Respiratory														
Neuro														
Skin														
GI														
GU														

Other	

Scenario End Point

Case Study:

Vital Signs	**T**		**HR**		**RR**		**BP**		**SpO2**		**Pain**		**BS**	

Cardiac	
Respiratory	
Neuro	
Skin	
GI	
GU	
Other	

Debriefing Questions:

1.

2.

Patient Report:

Additional information, Medical History:

Patient data:

DOB:

MR#:

Prior medical history:

Allergies:

Social history:

Firelands Regional Medical Center
Sandusky, Ohio
Physician's Orders

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE:___years old	DATE: XX/XX/XX

Date/Time	
XX/XX/XX	Admit to _____
	Diagnosis: _____
	VS every _____
	Activity:_____
	Diet:_____
	I&O
	IV:_____
	Medications:_____
	Other:_____
	Dr. _____

Wt: ____kg BSA:____ BMI: _____
Allergies: _____

NAME

DOB: _____ Age:_____y.o.
Account #_____ MR#_____
Unit:_____ Room #_____ ADM IN

Medication Administration Record – Current Medications

√	Start Stop Current Status	Medication	Dose Route Frequency	Next Sched ↓ Ack Adjustment	History Monograph Co-sign	Assoc Asmnt Ref Err
	xx/xx/xxxx xx/xx/xxxx Active					
	xx/xx/xxxx xx/xx/xxxx Active					
	xx/xx/xxxx xx/xx/xxxx Active					
	xx/xx/xxxx xx/xx/xxxx Active					
	xx/xx/xxxx xx/xx/xxxx Active					
–	–	Label Comments				
	xx/xx/xxxx xx/xx/xxxx Active					
–	–	Label Comments				

Administer	Admin Comments	Non-Admin Reasons	Acknowledge	Undo	Admin Schedule	View Order	+/- Admin Instructions	Additional Functions	Display Options

Firelands Regional Medical Center
Sandusky, Ohio
LABORATORY

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE:___years old	DATE: XX/XX/XX

HGB/HCT	**XX/XX/XX Admission**	**Reference Range**
HGB		
HCT		

CMP	**XX/XX/XX Admission**	**Reference Range**
Na		
CL		
K		
BUN		
Creatinine		
Blood Glucose		
Blood pH		

URINALYSIS	**XX/XX/XX Admission**	**Reference Range**
pH		
Specific Gravity		
Glucose		
Protein		
Blood		
Ketones		
Nitrite		
Leukocyte esterase		
Clarity		
Color		

Firelands Regional Medical Center
Sandusky, Ohio
IMAGING DEPARTMENT

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE:___years old	DATE: XX/XX/XX

CLINICAL DATA/Reason for Test:

X-ray:

IMPRESSION: