

## 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 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 dropdown. 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.

	<b>Student Developed Simulation Scenario Rubric</b>	<b>Points</b>	<b>Total</b>
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 <b>September 9, 2024</b> .	12	
7	Mid-semester checkpoint with faculty on <b>October 7, 2024</b> . (Page 1 document to dropdown by 0800. Meet with assigned faculty after class.)	12	
8	Completed Storyboard submitted to the Student Develop Simulation Scenarios Dropdown on Edvance360 by <b>October 28, 2024 at start of class</b> .	13	
9	Actively participates throughout the entire process (Development/day of simulation) including being present on the day of the Student Developed Scenarios <b>November 19, 2024</b> .	23	

<b>Total</b>	100	
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<b>Student Developed Simulation Scenario Storyboard EXAMPLE</b>	
<p><b>Identified Problem/Scenario Topic and Related Resources:</b></p> <p>Post-Operative Respiratory Depression</p> <p>Textbook Chapter 13</p>	<p><b>Desired Overall Goal:</b></p> <ol style="list-style-type: none"> <li>1. Recognize Respiratory Depression</li> <li>2. Correctly identify cause</li> <li>3. Intervene appropriately</li> <li>4. Effective ventilation returns</li> </ol>
<p><b>Case Summary:</b></p> <p>68 year old female patient just transferred from PACU to medical-surgical unit in stable condition following a right total knee replacement. She begins to have decreased LOC, falling respiratory rate and depth, decreased O2 sats.</p>	<p><b>Expected Interventions of Students:</b></p> <ol style="list-style-type: none"> <li>1. Receives bedside report</li> <li>2. Begins post-operative assessment</li> <li>3. Connects equipment</li> <li>4. Notices decreased O2 sats, decreased RR &amp; depth, decreased LOC</li> <li>5. Changes nasal cannula to mask</li> <li>6. Increases O2 liter flow &amp; reassesses</li> <li>7. Calls for help (Rapid Response Team)</li> <li>8. SBAR communication</li> <li>9. Administers Narcan &amp; reassesses</li> <li>10. Communicates effectively with family throughout</li> </ol>
<p><b>Supplies:</b></p> <ol style="list-style-type: none"> <li>1. <b>SimMan</b></li> <li>2. <b>Nasal canula</b></li> <li>3. <b>O2 mask</b></li> <li>4. <b>Morphine 5mg/1mL injection</b></li> <li>5. <b>Narcan 10mg/5mL injection (x2)</b></li> <li>6. <b>NS @ 125 IV</b></li> <li>7. <b>IV pump</b></li> </ol>	
<p><b>NCLEX Questions</b></p> <p>1.</p> <ol style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> <li>d.</li> </ol> <p><b>Answer:</b></p> <p>2.</p> <ol style="list-style-type: none"> <li>a.</li> <li>b.</li> <li>c.</li> <li>d.</li> </ol> <p><b>Answer:</b></p>	

**Case Flow (15-20 Minute Simulation Time) EXAMPLE**

<b>Initiation of Scenario:</b>														
<b>Case Study:</b> Patient in bed-hand off received. Patient in stable condition with reported pain level 2/10 after general anesthesia Patient received 3 doses of IV Morphine														
<b>Vital Signs</b>	<b>T</b>	<b>98.0</b>	<b>HR</b>	<b>88</b>	<b>RR</b>	<b>16</b>	<b>BP</b>	<b>140/82</b>	<b>SpO2</b>	<b>98% on 2L</b>	<b>Pain</b>	<b>2/10</b>	<b>BS</b>	<b>NA</b>
<b>Cardiac</b>	WNL													
<b>Respiratory</b>	Clear lung sounds													
<b>Neuro</b>	WNL													
<b>Skin</b>	WNL													
<b>GI</b>	WNL													
<b>GU</b>	WNL													
<b>Other</b>	Right knee surgical site surgical site dressing D&I,													
<b>First Frame:</b>														
<b>Case Study:</b> Nurse introduces self and begins assessment. Patient is responsive at first. Vital signs begin to change with decreased O2 sats, decreased RR & depth, decreased LOC														
<b>Vital Signs</b>	<b>T</b>	<b>98.0</b>	<b>HR</b>	<b>58</b>	<b>RR</b>	<b>10</b>	<b>BP</b>	<b>100/54</b>	<b>SpO2</b>	<b>88% on 2L</b>	<b>Pain</b>		<b>BS</b>	
<b>Cardiac</b>	Heart rate regular and starts to become bradycardic													
<b>Respiratory</b>	Respirations slow, shallow, and regular, Lung sounds clear													
<b>Neuro</b>	Pt becomes unresponsive as assessment continues													
<b>Skin</b>	Pale, warm, and dry													
<b>GI</b>	WNL													
<b>GU</b>	WNL													
<b>Other</b>	NA													
<b>Second Frame</b>														
<b>Case Study:</b> Change O2 from NC to mask Reassess-no change Primary nurse calls for help (RRT)														
Gives SBAR to RRT														
<b>Vital Signs</b>	<b>T</b>	<b>98.0</b>	<b>HR</b>	<b>58</b>	<b>RR</b>	<b>10</b>	<b>BP</b>	<b>100/54</b>	<b>SpO2</b>	<b>94% on 6L per mask</b>	<b>Pain</b>	<b>NA</b>	<b>BS</b>	<b>80</b>
<b>Cardiac</b>	Heart rate regular, bradycardic													
<b>Respiratory</b>	Respirations slow, shallow, and regular, Lung sounds clear													
<b>Neuro</b>	Pt unresponsive													
<b>Skin</b>	Pale, warm, and dry													
<b>GI</b>	WNL													
<b>GU</b>	WNL													
<b>Other</b>	NA													

**Third Frame****Case Study:**

RRT responds with Narcan

Checks order

Identifies and assesses patient

Administers per order, titrating dose

Reassesses

<b>Vital Signs</b>	<b>T</b>	<b>98.0</b>	<b>HR</b>	<b>76</b>	<b>RR</b>	<b>16</b>	<b>BP</b>	<b>122/62</b>	<b>SpO2</b>	<b>98% on 6L per mask</b>	<b>Pain</b>	<b>NA</b>	<b>BS</b>	<b>80</b>
<b>Cardiac</b>	WNL													
<b>Respiratory</b>	Respirations regular rate and depth, Lung sounds clear													
<b>Neuro</b>	Pt becomes A/O x 3 as medication starts to work													
<b>Skin</b>	Pink, warm, and dry													
<b>GI</b>	WNL													
<b>GU</b>	WNL													
<b>Other</b>	NA													

**Scenario End Point****Case Study:**

Patient responds to Narcan

Nurses communicate with patient and family

<b>Vital Signs</b>	<b>T</b>	<b>98.0</b>	<b>HR</b>	<b>76</b>	<b>RR</b>	<b>16</b>	<b>BP</b>	<b>122/62</b>		<b>98% on 6L per mask</b>	<b>Pain</b>	<b>5/10</b>	<b>BS</b>	<b>80</b>
<b>Cardiac</b>	WNL													
<b>Respiratory</b>	Respirations regular rate and depth, Lung sounds clear,													
<b>Neuro</b>	A/O x 3													
<b>Skin</b>	Pink, warm, and dry													
<b>GI</b>	WNL													
<b>GU</b>	WNL													
<b>Other</b>	NA													

**Debriefing Questions:**

1. What did you notice regarding the patient's respiratory assessment?
2. What interventions did you perform related to concerns you noticed in the patient's assessment?

**Student Developed Simulation Scenario Storyboard**

<p><b>Identified Problem/Scenario Topic and Related Resources:</b></p> <p><b>-Pediatric Glomerulonephritis</b></p> <p>- <i>What is glomerulonephritis?</i>. Cleveland Clinic. (2024, May 1). <a href="https://my.clevelandclinic.org/health/diseases/16167-glomerulonephritis-gn">https://my.clevelandclinic.org/health/diseases/16167-glomerulonephritis-gn</a></p>	<p><b>Desired Overall Goal:</b></p> <ol style="list-style-type: none"> <li>1. Recognize low and discolored urine output</li> <li>2. Recognize Abd and Lower extremity edema</li> <li>3. Recognize pulmonary edema and intervene appropriately</li> <li>4. Blood pressure normalizes, urine output increases and improved lung function</li> </ol>
<p><b>Case Summary:</b> Ben is a 10-year-old boy that has arrived to the emergency room with his parents. Their son is complaining of an increase in general fatigue and is also having some trouble breathing. Recently he has had less urine output and current output is dark brown. While in the ER he has only had 150mL of urine output in the last 8 hours. His current blood pressure is 177/96 automatic and 174/94 manual and is starting to develop a headache with pain 5/10. Heart rate is 94- Respiration are 19 with SOB on exertion- SPO2 is 90% on room air and Temperature is 99.4F. Currently has non-pitting edema in his bilateral lower extremities along with some swelling in his abdomen. Lungs have some inspiratory wheezes in the lower lobes and the formation of a rash is noticed on the lower extremities.</p>	<p><b>Expected Interventions of Students: (Minimum of 5 required.)</b></p> <ol style="list-style-type: none"> <li>1. Obtain bedside report of patient</li> <li>2. Perform head to toe assessment and notice abnormalities</li> <li>3. Obtain vital signs, notice hypertension and low SPO2</li> <li>4. Administer Hydralazine for hypertension</li> <li>5. Administer oxygen via nasal cannula for low SPO2</li> <li>6. Notice edema in lower extremities and abdomen</li> <li>7. Notice decreased and concentrated urine output</li> </ol>
<p><b>Supplies:</b></p> <ol style="list-style-type: none"> <li>1. Sim man</li> <li>2. IV access</li> <li>3. Hydralazine 10mg/mL Injection</li> <li>4. Lasix 10mg/mL Injection</li> <li>5. Nasal Cannula</li> <li>6. Incentive spirometer</li> </ol>	<ol style="list-style-type: none"> <li>8. Administer IV Lasix to pull fluid and reduce edema, educate to lessen fluid and salt intake</li> <li>9. Elevate the head of the bed to promote lung expansion and reduce pooling of fluid.</li> <li>10. Educate on promotion of lung function with incentive spirometer and communicate with family effectively</li> </ol>
<p><b>NCLEX Questions</b></p> <ol style="list-style-type: none"> <li>1. Question: A nurse is taking frequent blood pressure readings on a child diagnosed with acute glomerulonephritis. The parents ask the nurse why this is necessary. Which statement by the nurse most accurately addresses their concerns?             <ol style="list-style-type: none"> <li>a. “Blood pressure fluctuations are a sign that the condition has become chronic.”</li> <li>b. “Blood pressures fluctuations are a common adverse effect of the antibiotic therapy your child is on.”</li> <li>c. “Hypotension can lead to sudden shock and can develop at any time s a part of the disease process.”</li> <li>d. Acute Hypertension must be anticipated and identified.”</li> </ol> </li> </ol> <p><b>Answer: D</b></p> <ol style="list-style-type: none"> <li>2. When obtaining a child’s daily weight, the nurse notes that he has lost 6 lbs (2.7 kg) after 3 days of hospitalization for acute glomerulonephritis. The nurse determines that this is most likely the result of which factor?             <ol style="list-style-type: none"> <li>a. Poor appetite</li> <li>b. Reduction of edema</li> <li>c. Decreased Salt intake</li> <li>d. Restriction to bed rest</li> </ol> </li> </ol> <p><b>Answer: B</b></p>	

**Case Flow (15-20 Minute Simulation Time)**

Initiation of Scenario:												
Case Study:												
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												

<b>GU</b>														
<b>Other</b>														
<b>Scenario End Point</b>														
<b>Case Study:</b>														
<b>Vital Signs</b>	<b>T</b>		<b>HR</b>		<b>RR</b>		<b>BP</b>		<b>SpO2</b>		<b>Pain</b>		<b>BS</b>	
<b>Cardiac</b>														
<b>Respiratory</b>														
<b>Neuro</b>														
<b>Skin</b>														
<b>GI</b>														
<b>GU</b>														
<b>Other</b>														
<b>Debriefing Questions:</b>														
1.														
2.														

**Patient Report:**

Additional information, Medical History:

**Patient data:**

**DOB:**

**MR#:**

**Prior medical history:**

**Allergies:**

**Social history:**



	xx/xx/xxxx					
	Active					

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	xx/xx/xxxx					
	xx/xx/xxxx					
	Active					

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	xx/xx/xxxx					
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	Active					

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	xx/xx/xxxx					
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	Active					

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	xx/xx/xxxx					
	xx/xx/xxxx					
	Active					

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	Active					

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	<b>Administer</b>	Admin Comments	<b>Non-Admin Reasons</b>	Acknowledge	Undo	<b>Admin Schedule</b>	<b>View Order</b>	<b>+/- Admin Instructions</b>	<b>Additional Functions</b>	<b>Display Options</b>	
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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:**