

# 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 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.

	<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 dropbox by 0800. Meet with assigned faculty after class.)	12	
8	Completed Storyboard submitted to the Student Develop Simulation Scenarios Dropbox 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	

### Student Developed Simulation Scenario Storyboard

<p><b>Identified Problem/Scenario Topic and Related Resources:</b></p> <p>Gestational Diabetes</p> <p>Textbook Chapter 8: Nursing care of the women with complications during pregnancy</p> <p>Kylee Cheek, Lindsey Steele, Presley Stang</p>	<p><b>Desired Overall Goal:</b></p> <ol style="list-style-type: none"> <li>1. The patient will maintain blood glucose levels within the target range; typically, fasting blood glucose &lt;95 mg/dL.</li> <li>2. Educate patient on insulin and blood glucose monitoring.</li> <li>3. Educate patient on signs and symptoms of hypoglycemia (e.g., shakiness, sweating, blurred vision)</li> <li>4. Educate patient on safe regular physical activity.</li> </ol>
<p><b>Case Summary:</b></p> <p>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. Her GTPAL is G:2 T:1 P:0 A:0 L:1. She came in for polyuria, polydipsia, polyphagia, fatigue, and blurred vision. T: 98.0, HR: 110, RR: 30, BP: 160/10, Spo2: 95%, BS:230 mg/dL</p>	<p><b>Expected Interventions of Students:</b></p> <ol style="list-style-type: none"> <li>1. Assessing the patient's understanding of gestational diabetes and providing teaching if needed.</li> <li>2. Refer to a dietitian and reinforce the diet plan.</li> <li>3. Monitor blood sugar levels and adjust care as per provider's orders</li> <li>4. Administer insulin or medications as prescribed.</li> <li>5. Teach capillary glucose testing for self-monitoring.</li> <li>6. Monitoring for signs of hyperglycemia and DKA</li> <li>7. Monitor fetal growth with NSTs as ordered.</li> </ol>
<p><b>Supplies:</b></p> <ol style="list-style-type: none"> <li>1. Glucometer and test strips</li> <li>2. Gloves</li> <li>3. Sharps container</li> <li>4. Pregnant belly - Sim Mom</li> <li>5. Vital Sign machine</li> <li>6. Alcohol wipe, tissues</li> <li>8. Insulin pen</li> </ol> <p>*will need all of these supplies provided to us.</p> <p>Presley, Lindsey, &amp; Kylee can provide:</p> <ol style="list-style-type: none"> <li>1. Diet plan from MyPlate printed</li> <li>2. Patient Education Materials printed</li> </ol>	

**FRUITS**

**Focus on fruits**

- Choose whole or cut-up fruit over fruit juice.
- Select canned fruits in 100% juice or water, not syrup.
- Dried fruit and juice portion sizes are small so they may not be as filling as fresh or canned fruits.



Vary your veggies

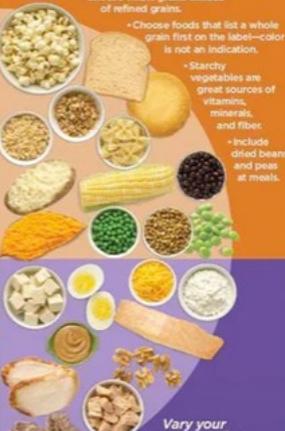
**NON-STARCHY VEGETABLES**

- Buy fresh vegetables in season—keep frozen on hand too.
- Plan meals around a vegetable main dish, such as a vegetable stir-fry.
- Keep cut-up vegetables handy for quick snacks.

**STARCHY VEGETABLES  
GRAINS | LEGUMES**

**Make half your grain whole grains**

- Choose whole grains instead of refined grains.
- Choose foods that list a whole grain first on the label—color is not an indication.
- Starchy vegetables are great sources of vitamins, minerals, and fiber.
- Include dried beans and peas at meals.



Vary your protein routine

**PROTEIN**

- Start with lean choices and remove visible fat and skin.
- Use fish and poultry more often.
- Try grilling, broiling, poaching, or roasting—these methods do not add extra fat.

**Healthy Eating with Diabetes**

**What is Diabetes?**

Your body and brain need sugar from the foods you eat. Diabetes is a medical condition where you have too much sugar in your blood (called blood glucose). Eating well, getting regular physical activity, maintaining a healthy weight, and taking prescribed medicines can help manage diabetes.

- Foods that contain carbohydrates are changed into blood glucose when you eat. These include:
- Plant-based foods like grains, dried beans and peas, starchy vegetables, fruit, and fruit juice
  - Dairy-based foods like milk and yogurt
  - Sweeteners like sugar, honey, jellies, candy, syrup, and regular sodas
  - Baked goods like cakes, cookies, and pies

**Diabetes Diet Tips**

- Eat meals and snacks at about the same time every day, eating every 3-4 hours.
- Eat a consistent amount of foods that contains carbohydrate at each meal and snack.
  - 2-3 carbohydrate choices for meals
  - 1-2 carbohydrate choices for snacks
- Get specific recommendations for you from a registered dietitian or certified diabetes educator.
- Focus on fiber from whole grains and vegetables. Fiber helps control blood glucose levels.
- Protein foods like beef, chicken, and fish do not contain carbohydrates and don't make blood glucose go up. Select lean cuts of meat and trim visible fat and skin.
- Eat as many vegetables as you want except for starchy ones. Limit these portions 1/2 to 1 cup (less than the size of your fist).
- Choose water, unsweetened coffee, tea, or diet soft drinks.



**Read Food Labels**  
Learn to read Nutrition Facts labels to determine the amount of carbohydrates in the portion you are eating. Compare the serving size listed on the label to the portion you plan to eat.



Plan to eat every 3-4 hours during the day

**Follow a Balanced Diet to Control Blood Glucose Levels -**

- Plan to eat every 3-4 hours during the day.
- Avoid skipping meals.
- Watch your portion size. Use a smaller plate, cup, or bowl and portion out foods before eating.

**What equals 1 carbohydrate choice?**

1 carb choice = 15 grams of carbohydrate

- Grains:** 1 (1 oz.) slice of bread, 1/2 English muffin, bagel, or bun (1 oz.), 1 (6") tortilla, 1/3 cup cooked rice or pasta, 3/4 cup ready-to-eat cereal, 1/2 cup cooked cereal
- Dairy:** 1 cup milk or yogurt
- Vegetables:** 1/2 cup starchy vegetable: corn, peas, potatoes, sweet potato, yams, cooked dried beans
- Fruits:** 1 medium piece of fruit, 1 cup berries or melon, 1/2 cup canned fruit (in water or juice), 1/2 cup 100% fruit juice

Cut back on foods high in solid fats, added sugars, and salt.

Be physically active your way  
Pick activities that you like and start by doing what you can, at least 10 minutes at a time. Every bit adds up and the health benefits increase as you spend more time being active.

## 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. 150 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 will likely need insulin injections for the first few days after birth."
  - C. "Your baby could have low blood sugar after delivery, but we will monitor and treat it if necessary."
  - D. "Gestational diabetes does not affect the baby after birth as long as it was controlled during pregnancy."

**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 diabetes are at risk for neonatal hypoglycemia due to the extra insulin they produce to the moms high blood sugar.

7/29/24 KA

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

Initiation of Scenario:														
<b>Case Study:</b> Patient in bed-hand off received. Patient reports fatigue, increased thirst, and increasing headache Patient A&Ox4														
<b>Vital Signs</b>	<b>T</b>	98.0	<b>HR</b>	91	<b>RR</b>	18	<b>BP</b>	130/80 mmg	<b>SPo2</b>	94% RA	<b>Pain</b>	7/10	<b>BS</b>	230 mg/ dL
<b>Cardiac</b>	Tachycardia													
<b>Respiratory</b>	SOB, lung sounds clear													

<b>Neuro</b>	Disorientation, difficulty concentrating													
<b>Skin</b>	WNL													
<b>GI</b>	WNL													
<b>GU</b>	Increased urine production													
<b>Other</b>	NA													
<b>First Frame:</b>														
<p><b>Case Study:</b>  Nurse introduces self and begins assessment.  Patient A&amp;O x3  Vitals signs show increased heart rate, respiratory rate, and blood pressure.  Patient was given 2L NC</p>														
<b>Vital Signs</b>	<b>T</b>	<b>98.0</b>	<b>HR</b>	<b>110</b>	<b>RR</b>	<b>28</b>	<b>BP</b>	<b>150/94</b>	<b>SpO2</b>	<b>96% on 2L</b>	<b>Pain</b>	<b>7/10</b>	<b>BS</b>	<b>235 mg/ dL</b>
<b>Cardiac</b>	Tachycardic, palpitations													
<b>Respiratory</b>	Tachypnea, SOB, clear lung sounds													
<b>Neuro</b>	Disoriented, irritability													
<b>Skin</b>	Decreased skin turgor													
<b>GI</b>	WNL													
<b>GU</b>	Polyuria, Frequent infections of the bladder and vagina													
<b>Other</b>	NA													
<b>Second Frame</b>														
<p><b>Case Study:</b>  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</p>														
<b>Vital Signs</b>	<b>T</b>	<b>98.0</b>	<b>HR</b>	<b>120</b>	<b>RR</b>	<b>31</b>	<b>BP</b>	<b>160/102</b>	<b>SpO2</b>	<b>98% on 4L per NC</b>	<b>Pain</b>	<b>3/10</b>	<b>BS</b>	<b>240 Mg/ dL</b>
<b>Cardiac</b>	Tachycardic													
<b>Respiratory</b>	Tachypnea, clear lung sounds													
<b>Neuro</b>	Irritability, Decreased LOC													

<b>Skin</b>	Decreased skin turgor
<b>GI</b>	WNL
<b>GU</b>	Polyuria, Frequent infections of the bladder and vagina
<b>Other</b>	Polyphagia

<b>Third Frame</b>														
<b>Case Study:</b> Administer newly ordered Lispro Reassess vital signs, blood sugar, and LOC														
<b>Vital Signs</b>	<b>T</b>	98.0	<b>HR</b>	76	<b>RR</b>	16	<b>BP</b>	122/62	<b>SpO2</b>	98% on 6L per mask	<b>Pain</b>	3/10	<b>BS</b>	152 Mg/ dL
<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													

<b>Scenario End Point</b>														
<b>Case Study:</b> Patient responds to Lispro Nurse educates patient on Gestational diabetes														
<b>Vital Signs</b>	<b>T</b>	98.0	<b>HR</b>	76	<b>RR</b>	16	<b>BP</b>	122/62		98% on 6L per mask	<b>Pain</b>	3/10	<b>BS</b>	80 Mg/ dL
<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>	WNL													
<b>GI</b>	WNL													

<b>GU</b>	WNL
<b>Other</b>	NA
<p><b>Debriefing Questions:</b></p> <p>1. What were the main risk factors for this patient developing gestational diabetes?</p> <p>2. What challenges did you encounter while managing gestational diabetes during the simulation, and how did these interventions used impact the patient's outcome?</p>	

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

<b>Initiation of Scenario:</b>														
<b>Case Study:</b> Patient in bed and hand off report received. Patient														
<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>First Frame:</b>														
<b>Case Study:</b>														

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							

<b>GI</b>	
<b>GU</b>	

<b>Other</b>	
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**Scenario End Point**

Case Study:

<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>	
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**Cardiac**

**Respiratory**

**Neuro**

**Skin**

**GI**

**GU**

**Other**

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**Debriefing Questions:**  
 1.  
 2.

**Patient Report:**

Additional information, Medical History:

**Patient data:**

**DOB:**

**MR#:**



Dr. \_\_\_\_\_

Wt: \_\_\_\_\_ kg BSA: \_\_\_\_\_ BMI: \_\_\_\_\_

NAME

Allergies: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ y.o.

Account # \_\_\_\_\_ MR# \_\_\_\_\_  
Unit: \_\_\_\_\_ Room # \_\_\_\_\_ ADM IN

Medication Administration Record – Current Medications

√	Start	Medication	Dose	Next Sched ↓	History	Assoc
	Stop		Route	Ack	Monograph	Asmnt
	Current Status		Frequency	Adjustment	Co-sign	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					

Start

Label Comments

Dose Next Sched ↓ History Assoc

xx/xx/xxxx xx/xx/xxxx Active

Current Status Frequency Adjustment Co-sign Ref Err

Stop Route Ack Monograph Asmnt Medication

Label Comments													
				Start					Dose	Next Sched ↓	History	Assoc	
					Medication								
				Stop					Route	Ack	Monograph	Asmnt	
Administer	Admin Comments	Non-Admin		Acknowledge	Undo	Admin Schedule		View		+/- Admin	Additional	Display	
		Current Status Reasons							Of Frequency	Adjustment	Co-sign Functions	Ref Err 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
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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		

<b>URINALYSIS</b>	<b>XX/XX/XX Admission</b>	<b>Reference Range</b>
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
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**CLINICAL DATA/Reason for Test:**

**X-ray:**

**IMPRESSION:**