

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.

	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 dropdown by 0800. Meet with assigned faculty after class.)	12	
8	Completed Storyboard submitted to the Student Develop Simulation Scenarios Dropdown 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	
Student Developed Simulation Scenario Storyboard		
<p>Identified Problem/Scenario Topic and Related Resources:</p> <p>Pediatric Pneumonia</p> <p>(Hagler & Harding, 2022, Chapter 30, pgs. 597-631) <i>Lewis's Medical-Surgical Nursing: Assessment and Management of Clinical Problems</i> (12th ed.). Elsevier Evolve.</p>	<p>Desired Overall Goal:</p> <ol style="list-style-type: none"> 1. Recognize Respiratory Distress 2. Correctly Identify Current Respiratory Illness 3. Utilize Appropriate Interventions 4. Respiratory symptoms are stabilized 	
<p>Case Summary:</p> <p>Mia is a 5-year-old that weighs 44 pounds currently and was a previously healthy child who was seen by her pediatrician 2 days ago for a Pneumonia. Over the past 48 hours, her cough has worsened, and she has developed a high fever (up to 39.5°C or 103°F). Her mother reports that she has been more fatigued and is refusing to eat or drink.</p>	<p>Expected Interventions of Students: (Minimum of 5 required.)</p> <ol style="list-style-type: none"> 1. Receive handoff report 2. Focused respiratory assessment 3. Obtain vital signs, HR, RR, BP, Temp and Pulse ox 4. Notices fever, low O2 sats, and increased respiratory rate 	
<p>Supplies:</p> <ol style="list-style-type: none"> 1. Sim child 2. Nasal cannula 3. Normal Saline and tubing 4. Acetaminophen PO Chewable Tablet (80 mg) Safe dose: 4mg/kg/dose 5. IV Pump 6. Parent or Guardian 7. Thermometer/vitals machine 8. Antibiotic- Azithromycin PO Liquid (5 mL)- Ordered dose: 200mg Supply: 200mg/5 mL 	<ol style="list-style-type: none"> 5. Applies nasal cannula at 4L/Min 6. Administer antibiotic, Azithromycin 7. Administer Acetaminophen 8. Initiate IV fluids 9. Pending Chest Xray to confirm Pneumonia 10. Pending Lab Results from Blood Cultures 11. Encourage child to cough and take deep breaths 12. Give incentive spirometer, show how it needs to be done first and then have child teach back what to do 13. Notify HCP and Charge Nurse with SBAR communication 14. Educates child and family about Pneumonia and on importance of rest and hydration 15. Communicates effectively with family, patient and healthcare team throughout 	
NCLEX Questions		

A child is admitted to the pediatric unit with a diagnosis of pneumonia. Which of the following is the priority nursing intervention?

- A. Administering IV fluids as prescribed.
- B. Encouraging the child to stay in bed and rest throughout the day.
- C. Applying cool compresses to reduce the child's fever.
- D. Encouraging the child to cough and deep breathe.

Answer: A. Administering IV fluids is the priority intervention. Due to refusing to eat or drink the child can become dehydrated, therefore IV fluids are needed first.

A child is admitted to the hospital with a diagnosis of pneumonia. The child has a O2 level of 98%, respiratory rate of 48 breaths per minute, nasal flaring, and is receiving oxygen via nasal cannula at 4 L/min. Which healthcare provider prescription would be the priority?

- A. Azithromycin 200 mg
- B. IV fluids
- C. Acetaminophen 200 mg
- D. Zyrtec 5 mg

Answer: A. Antibiotics are the priority; they are to be delivered promptly in pneumonia due to high risk of developing sepsis. IV Fluids and Acetaminophen are important but should be given after the antibiotic. Zyrtec would be something to question in a providers order.

Case Flow (15-20 Minute Simulation Time)

Initiation of Scenario:														
Case Study: Patient in bed-hand off received. Patient admitted for increase worsening of pneumonia. Patient in stable condition with reported chest pain level 2/10 after coughing. Patient received no medications Last fluid intake was one day ago.														
Vital Signs	T	99°F	HR	95 bpm	RR	25	BP	110/80	SpO2	95% on RA	Pain	2 on the faces scale	BS	80
Cardiac	WNL													
Respiratory	Labored breathing, substernal retractions present, crackles heard on auscultation													
Neuro	WNL													
Skin	WNL													
GI	WNL													
GU	WNL													
Other	NA													
First Frame:														
Case Study: Nurse introduces self and begins initial assessment.														

Patient is responsive.
 Vital signs begin to change with decreased O2 sats, Increased RR & depth, Usage of accessory muscles, Crackles heard on auscultation.
 Reports chest pain level 2/10 on the Faces scales due to coughing.
 Last fluid intake one day ago.

Vital Signs	T	99°	HR	130 bpm	RR	40	BP	90/55	SpO2	88% on RA	Pain	2/10 on the faces scale	BS	80
Cardiac	WNL													
Respiratory	Labored breathing, usage of accessory muscles crackles heard on auscultation													
Neuro	WNL													
Skin	Tented skin turgor, Pale and dry													
GI	Decreased urine output													
GU	WNL													
Other	NA													

Second Frame

Case Study:

Physician notified
 Checks orders for supplemental O2, antibiotics and antipyretics
 Change RA to NC 2L/min
 PO Antibiotics Administered (Azithromycin 200mg/5mL)
 Fluids Administered (Lactated Ringers @ 63mL/hr)

Vital Signs	T	99°F	HR	100 bpm	RR	25	BP	105/75	SpO2	98% on 2L per NC	Pain	2/10 on the faces scale	BS	80
Cardiac	WNL													
Respiratory	Labored breathing, substernal retractions present, crackles heard on auscultation													
Neuro	WNL													
Skin	WNL													
GI	WNL													
GU	WNL													
Other	NA													

Third Frame

Case Study:

Patient responded to NC at 2L/min, Azithromycin antibiotic, and IV maintenance fluids.
 Checks orders for supplemental O2, antibiotics and antipyretics
 Patient Reports chest pain level 6/10 on the Faces scales due to coughing.
 Administers Acetaminophen PO Chewable Tablet (80 mg) Safe dose: 4mg/kg/dose
 Reassess patient

Vital Signs	T	102°F	HR	100 bpm	RR	25	BP	105/75	SpO2	99% on 4L per NC	Pain	6/10 on the faces scale	BS	80
Cardiac	WNL													
Respiratory	Crackles heard on auscultation													
Neuro	WNL													
Skin	WNL													

GI	WNL
GU	WNL
Other	NA

Scenario End Point

Case Study:
 Patient responded to acetaminophen
 Physician notified
 Nurses Communicate/Educate the Patient /Family

Vital Signs	T	98°F	HR	100 bpm	RR	25	BP	105/75	SpO2	99% on 4L per NC	Pain	0/10 on faces scale	BS	80
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Cardiac	WNL
Respiratory	WNL
Neuro	WNL
Skin	WNL
GI	WNL
GU	WNL
Other	NA

Debriefing Questions:

1. How did you prioritize assessment and intervention for this patient?
2. What was your initial concern after hearing the hand-off report as well as assessing the patient.

Patient Report: Patient came into the ER, mother is reporting a cough that has worsened, high fever (103°F), has been more fatigued and is refusing to eat or drink. She stated that her daughter was diagnosed with pneumonia two days ago.

Additional information, Medical History:

Patient data: Name: Mia **Age:** 5 years **Weight:** 44 pounds **Height:** 40 inches

History: Previously healthy

DOB: September 5th, 2018.

MR#: xxx-xx-xx

Prior medical history: Previously healthy. No prior medical history. No complications with birth.

Allergies: Bees

Social history: Lives at home with both parents and one sibling. Attends kindergarten currently. Primary caregivers are her parents. Lives in a smoke-free home with no pets.

	Current Status		Frequency	Adjustment	Co-sign	Ref Err
	xx/xx/xxxx	Azithromycin	200mg			
	xx/xx/xxxx		PO			
	Active		Q Daily for 5 Days			
	xx/xx/xxxx	Acetaminophen	80mg			
	xx/xx/xxxx		PO			
	Active		Q6H or PRN			
	xx/xx/xxxx	Lactated Ringers	63mL/hr			
	xx/xx/xxxx		IV			
	Active		PRN			
	xx/xx/xxxx					
	xx/xx/xxxx					
	Active					
	xx/xx/xxxx					
	xx/xx/xxxx					
	Active					
<input type="checkbox"/> <input type="checkbox"/> 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
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Firelands Regional Medical Center
Sandusky, Ohio
LABORATORY

NAME: Mia Smith	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: XXXX
ORD PHYS: _____	MR# XXXX
ATTENDING: _____	DOB: September 5 th 2018
AGE: 5 years old	DATE: XX/XX/XX

HGB/HCT	XX/XX/XX Admission	Reference Range
HGB	12.5	11.7–15.5 g/dL
HCT	40%	33–45%

CMP	XX/XX/XX Admission	Reference Range
Na	140 mEq/L	135 to 145 mEq/L
CL	100 mEq/L	95 to 105 mEq/L
K	4.0 mEq/L	3.5 to 5.0 mEq/L
BUN	12 mg/dL	5 to 18 mg/dL
Creatinine	0.5 mg/dL	0.3 to 0.7 mg/dL
Blood Glucose	80 mg/dL	70 to 100 mg/dL
Blood pH	7.40	7.35-7.45

URINALYSIS	XX/XX/XX Admission	Reference Range
pH	6.0	4.5 to 8.0
Specific Gravity	1.032	1.005 to 1.030
Glucose	Negative	Negative
Protein	Negative	Negative
Blood	Negative	Negative
Ketones	Negative	Negative
Nitrite	Negative	Negative
Leukocyte esterase	Negative	Negative
Clarity	Clear	Clear
Color	Amber	Straw yellow

Firelands Regional Medical Center
Sandusky, Ohio
IMAGING DEPARTMENT

NAME: Mia Smith	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE: 5 years old	DATE: XX/XX/XX

CLINICAL DATA/Reason for Test: Suspected Pneumonia

X-ray: Chest Xray

IMPRESSION: Findings consistent with pneumonia, evidenced by consolidation in the right lower lobe. No evidence of pleural effusion or pneumothorax.