

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.

	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	

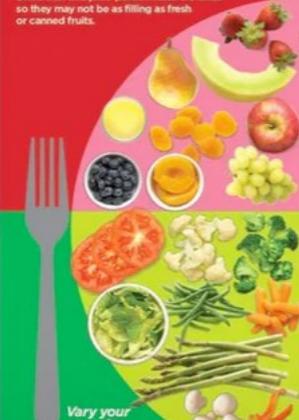
Student Developed Simulation Scenario Storyboard

<p>Identified Problem/Scenario Topic and Related Resources:</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>Desired Overall Goal:</p> <ol style="list-style-type: none"> 1. The patient will maintain blood glucose levels within the target range; typically, fasting blood glucose <95 mg/dL. 2. Educate patient on insulin and blood glucose monitoring. 3. Educate patient on signs and symptoms of hypoglycemia (e.g., shakiness, sweating, blurred vision) 4. Educate patients on safe regular physical activity.
<p>Case Summary:</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. Blood glucose taken at home was 218 mg. 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: 101, RR: 22, BP: 134/80, Spo2: 98%, BS:230 mg/dL</p>	<p>Expected Interventions of Students:</p> <ol style="list-style-type: none"> 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.
<p>Supplies:</p> <ol style="list-style-type: none"> 1. Glucometer and test strips 2. Gloves 3. Sharps container 4. Rachel mom 5. Vital Sign machine 6. Alcohol wipe, tissues 8. Insulin pen <p>*will need all of these supplies provided to us.</p> <p>Presley, Lindsey, & Kylee can provide:</p> <ol style="list-style-type: none"> 1. Diet plan from MyPlate printed 2. Patient Education Materials printed 	

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

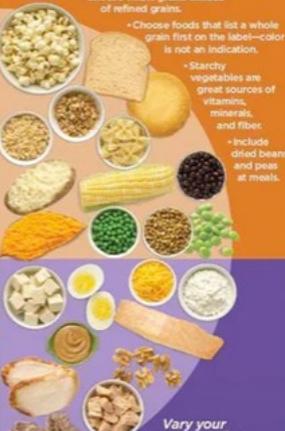
NON-STARCHY VEGETABLES

- 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, syrups, 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 -

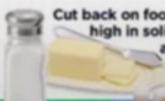
- Plan to eat every 3-4 hours during the day.
- Avoid skipping meals.
- Watch your portion size. Use a smaller plate, cup, or bowl and portion out foods before eating.

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 potatoes, 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. 95 mg/dL fasting
 - B. 150 mg/dL fasting
 - C. 165 mg/dL 1 hour after a meal
 - 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?
- "Your baby might develop type 1 diabetes immediately after birth."
 - "Your baby will likely need insulin injections for the first few days after birth."
 - "Your baby could have low blood sugar after delivery, but we will monitor and treat it if necessary."
 - "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:														
Case Study: Patient in bed-hand off received. Patient reports increased hunger, increased thirst, increased urine output, fatigue, and blurred vision Patient A&Ox4, nurse applies EFM														
Vital Signs	T	98.0	HR	101	RR	22	BP	130/80	SPo2	98%	Pain	3/10	BS	230
Cardiac	Slight tachycardia													

Respiratory	Lung sounds clear
Neuro	A&O x4
Skin	WNL
GI	WNL
GU	Polyuria
Other	EFM accelerations Mood: irritable due to patient not feeling good.

First Frame:

Case Study:

Nurse introduces self and begins assessment.
 Patient A&O x4
 Blood sugar obtained by nurse
 Patient verbalizes that she is insulin dependent, and she is unable to afford medications.
 Patient verbalizes she gets frequent infections of her bladder and vagina.

Vital Signs	T	98.0	HR	100	RR	22	BP	133/80	SpO2	98% on RA	Pain	3/10	BS	235 mg/dL
--------------------	----------	-------------	-----------	------------	-----------	-----------	-----------	---------------	-------------	------------------	-------------	-------------	-----------	------------------

Cardiac	Slight tachycardia
Respiratory	Clear lung sounds
Neuro	A&O x4
Skin	WNL
GI	WNL
GU	Polyuria
Other	Polydipsia Polyphagia EFM Accelerations Mood: irritable due to patient not feeling good.

Second Frame

Case Study:

Acetaminophen 500 mg PO due to generalized pain score of 3/10
 Primary nurse obtains a urinalysis
 Primary nurse calls HCP regarding urinalysis, and blood sugar level to obtain an order for insulin sliding scale.
 Gives SBAR to RRT

Vital Signs	T	98.0	HR	100	RR	22	BP	133/80	SpO2	98% NC	Pain	3/10	BS	235 Mg/dL
--------------------	----------	-------------	-----------	------------	-----------	-----------	-----------	---------------	-------------	---------------	-------------	-------------	-----------	------------------

Cardiac	Slight tachycardia
Respiratory	Clear lung sounds

Neuro	A&O x4
Skin	WNL
GI	WNL
GU	Polyuria
Other	Fatigue Polydipsia Polyphagia EFM: Accelerations Mood: irritable due to patient not feeling good.

Third Frame														
Case Study: Administer newly ordered Lispro Reassess vital signs, blood sugar, and LOC Patient A&Ox4														
Vital Signs	T	98.0	HR	98	RR	20	BP	130/80	SpO2	98% RA	Pain	3/10	BS	185 Mg/ dL
Cardiac	WNL													
Respiratory	Lung sounds clear													
Neuro	WNL													
Skin	WNL													
GI	WNL													
GU	Polyuria													
Other	Fatigue Polydipsia EFM: Accelerations Mood: irritable due to patient not feeling good.													
Scenario End Point														
Case Study: Patient responds to Lispro Nurse educates patient on Gestational diabetes, insulin adherence, diet, and resources (food stamps ect.).														
Vital Signs	T	98.0	HR	100	RR	20	BP	130/80	SpO2	98%	Pain	3/10	BS	185 Mg/ dL
Cardiac	WNL													
Respiratory	Lung sounds clear													

Neuro	A/O x4
Skin	WNL
GI	WNL
GU	WNL
Other	Mood: patient feeling better and less tired.
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?	

Patient Report: Misty Meanor, 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. Blood glucose taken at home was 218 mg. 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: 101, RR: 22, BP: 134/80, Spo2: 98%, BS:230 mg/dL

Additional information, Medical History:

Patient data: Misty Meanor

DOB: 10/04/1997

MR#: 444444444

Prior medical history: Gestational Diabetes (insulin dependent), Frequent infections of bladder and vagina

Allergies: Penicillin and Eggs

Social history:

Firelands Regional Medical Center
Sandusky, Ohio
Physician's Orders

NAME: Misty Meanor STATUS: pending SIGNED DATE ORD: XX/XX/XX ROOM: 69 ORD PHYS: Dr. Hugh Jass MR# 444444444 ATTENDING: Dr. Hugh Jass DOB: 10/04/1997 AGE: 27 years old DATE: 11-19-24
--

Date/Time	11-19-24, 0700
XX/XX/XX	Admit to labor and delivery.
	Diagnosis: Hyperglycemia
	VS: every 2 hours
	Activity: stand by assist
	Diet: NPO until orders change
	I&O: Send urine to lab for urinalysis
	Other: Hook up to EFM and call for other orders
	Dr. Hugh Jass

Firelands Regional Medical Center
Sandusky, Ohio
LABORATORY

NAME: Misty Meanor STATUS: pending SIGNED DATE ORD: XX/XX/XX ROOM: 69
ORD PHYS: Dr. Hugh Jass MR# 444444444 ATTENDING: Dr. Hugh Jass DOB: 10/04/1997
AGE: 27 years old DATE: 11-19-24

URINALYSIS	XX/XX/XX Admission	Reference Range
pH	6.0	4.6-8
Specific Gravity	1.010	1.005-1.030
Glucose	3+	Negative
Protein	Trace	Negative
Blood	Negative	Negative
Ketones	Negative	Negative
Nitrite	Negative	Negative
Leukocyte esterase	Negative	Negative

Clarity	Clear	Clear
Color	Pale yellow	Pale yellow to amber