Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: Mallory Jamison

Questions to answer in the prebriefing and reflection journal are based on Tanner's Clinical Judgment Model:

Directions: Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document. Details from the patient's chart can be located on Edvance360 in the Simulation Resources folder labeled Scenario # 1 or Scenario # 2. The prebriefing questions related to noticing and interpreting should be typed and submitted via Dropbox labeled with the simulation name (Sim #1 Prebrief, Sim #2 Prebrief) by **0800** the day of your simulation. The prebriefing assignment can be found in the Simulation Resources on Edvance360.

Report:

Review the patient's information in the chart provided on Edvance360 in the Simulation Resources. Utilize the handoff report sheet while reviewing the chart. Fill in the appropriate information from the chart in the corresponding sections of the handoff report sheet. This will be checked for completion immediately prior to starting each simulation scenario.

Formulate additional questions for the off-going nurse to clarify unclear information or missing details. These questions can be written on the back of your handoff report sheet.

Noticing:

- What is one thing you notice from the patient's history or report that will guide your initial nursing care (maybe it is specific labs, their diagnosis, or past medical history, etc.)? Explain.
  Something I notice from Sam's medical history that will guide my nursing care is that she has a history of smoking 2ppd for 30 years. This will help me to guide my initial nursing care because this piece of information puts Sam at risk for delayed healing of her ORIF as well as at risk for osteoporosis especially because of her injury. More specifically, this impacts my nursing care in that I now know to educate Sam on smoking cessation and to monitor her for signs of delayed healing or osteoporosis such as any decreases in her height during her hospital stay.
- What expectations do you have about the patient prior to caring for them? Explain.
  My expectations for Sam prior to going into the simulation is that she will have some severe pain especially with movement and especially if it is after her surgery. I

expect that Sam will have limited range of motion and not want to move very much, so I will need to medicate her for pain before doing any assessments/moving her. Also, after medicating her for pain I expect that I will need to either make her a q2 turn or educate/assist her with light, passive range of motion in order to avoid constipation or pressure injuries; because of her having limited range of motion. I do expect her leg to be immobilized and with a cast on it, which contributes to the limited range of motion she is expected to have.

- What previous knowledge do you have that will guide your expectations? Explain.
  I have knowledge that following a fracture surgery, it is vital to maintain immobilization in order to achieve realignment and to avoid complications such as Fat Embolism Syndrome. I also know that following an ORIF, patients will have a cast on their leg. With this being said, this guides my expectations because I am aware that Sam will have limited range of motion with her leg because of it being immobilized, and that I should assess her for signs of compartment syndrome due to the cast that she is expected to have.

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? Define the diagnosis.

Sam's diagnosis is a complete open oblique fracture of the left tibia and fibula. This means that her left leg tibia and fibula bones had a disruption/break in the continuity of their structure that was completely broken through and protruded through the skin, of which break was across and down the bone.

Laboratory data (give rationale for all abnormal lab results):

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
BUN 40	The normal BUN range is 8-20 and Sam's is 40, meaning it is high. This can indicate that Sam is dehydrated, is in shock because of her fracture, or may have nephrotoxicity from taking aspirin.
Creatinine 2.1	The normal creatinine range is 0.5-1.1 and Sam's was 2.1, indicating that it is high. This can mean that Sam is dehydrated, in shock, or may have an infection.

Diagnostic testing (explain what diagnostic tests were done with results):

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Left Leg X-ray	Sam's left leg x-ray showed a complete open oblique fracture of the left tibia and fibula.

Medications (provide a list of all medications (home and on eMAR) with classification, indication for use, and nursing interventions):

Medication (generic and trade name)	Classification (therapeutic and pharmacologic)	Indication for use (specific to this patient)	Nursing Interventions (Assessment, Education, Safety Measures) (List at least 3 per medication)
Metoprolol/ Lopressor	Therapeutic-antihypertensive; Pharmacologic-beta blocker	History of hypertension	Monitor bp, pulse and ECG frequently; educate pt to avoid driving as it may cause drowsiness; monitor I/O and daily weights
Aspirin/ Aspirtab	Therapeutic-nonopioid analgesic; pharmacologic-salicylates/ NSAIDS	Mild to moderate pain	Conduct a full pain assessment before administration; give lowest effective dose for shortest amount of time; instruct patient to take with a full glass of water
Atorvastatin/ Lipitor	Therapeutic- lipid lowering agent; pharmacologic-hmg coa reductase inhibitors	History of hypercholesterolemia	Obtain a diet history including fat consumption; evaluate serum cholesterol value before administering; instruct patient to notify HCP if any unexplained muscle weakness occurs
Tamsulosin/ Flomax	Therapeutic-benign prostatic hyperplasia bph agents; pharmacologic-alpha adrenergic blockers	History of enlarged prostate	Assess for and report signs of edema or weight gain; administer 30 minutes after the same meal each day; instruct patient to continue taking the medication even if feeling well
Montelukast/	Therapeutic-	History of COPD	Assess lung sounds and

Singulair	bronchodilators; pharmacologic-leukotriene antagonists		respiratory status prior to administration; instruct to take daily in the evening; assess for rash during treatment