

Simulation Prebriefing

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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.

One thing I noticed in the patients chart the will guide the initial my initial nursing care is that she had fallen from 5 feet off the ground, and she has a complete open oblique fracture of the left tibia and fibula. With that I would perform a neurovascular assessment to ensure the patient dos not have any abnormal pallor, pain, paralysis, pulselessness, paresthesia or pressure. I would also immobilize the leg to prevent occurrence of a fat embolism. Another thing I noticed is that the WBC count is high this could be from a possible infection since the fracture was open. I would need to consult the doctor and possibly get a culture and sensitivity test.

- What expectations do you have about the patient prior to caring for them? Explain.

I would expect this patient to report pain due to her fracture. I would expect her to get a tetanus shot due to the fracture being open and I would also expect her to have an immobilized leg and possible antibiotic treatment starting before surgery. I would also expect her to have high blood pressure levels due to lack of compliance with medication regimen and her history of HTN and atrial fibrillation. I expect some level of decreased oxygenation due to her COPD, 2pk per day for 30 years smoking history and noncompliance with the Montelukast medication. I would anticipate the need for education on following medication regimens and smoking cessation.

What previous knowledge do you have that will guide your expectations? Explain.

The patient has a complete open oblique fracture of the left tibia and fibula. Her WBC levels are high which could indicate an infection from the fracture being open to the environment. I would anticipate the doctor to order bone penetrating antibiotics, and a tetanus shot. Knowing she has a history of COPD and smoking I would anticipate her having low baseline oxygenation levels. She may also be at higher risk for a fat embolism and PE due to her noncompliance with her atorvastatin. Atorvastatin helps lower cholesterol levels in body helping prevent incidences of PE and fat embolism. She is also at higher risk for a fat embolism because she had a long bone fracture.

Interpreting:

Interpret the following data:

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

The patient's admitting diagnosis is a complete open oblique fracture of the left tibia and fibula. This is defined as a completely broken bone through both sides that is broken at an angle this fracture penetrates through the skin and causes extreme pain.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
BUN 40	This lab value is high this may indicate poor kidney function.
Creatine 2.1	The creatine is high, and this may also indicate poor kidney function.
WBC 11.1	The WBC are high, and this may Indicate that patient has an infection.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
X-ray	Results 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)	Antianginal/ Antihypertensive	HTN	Monitor BP and pulse frequently, Monitor I,O's as well as daily weights, assess for anginal attacks frequently.
Aspirin	Antiplatelet agents, antipyretic, opioid no analgesic	Atrial fibrillation	Assess for pain, assess fever, monitor hepatic function.
Atorvastatin (Lipitor)	Lipid lowering agent	Hypercholesterolemia	Monitor creatine levels, obtain a diet health history in regard to fat consumption, monitor liver function prior to initiating therapy.
Tamsulosin (Flomax)	Bening prostatic hyperplasia bph agents	Enlarged prostate	Assess for symptoms of bph including interrupted urinary stream and incomplete bladder emptying. Monitor I/O's. Rectal exam before and throughout treatment.

Montelukast (singulair)	Bronchodilator, cold and cough remedies, allergy	COPD	Assess lung sounds and respiratory function prior to administering. Monitor for behavior changes and suicidal thoughts. Assess for steven Johnson syndrome throughout treatment.