Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

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.
    - I noticed the patient has COPD and a history of smoking 2 packs a day for 30 years so I am expecting an altered respiratory assessment, with a decrease in Sp02. I am also expecting the patient to have trouble recovering when Sp02 is decreased. As well as her blood pressure to be high from HTN. Especially because she is noncompliant with her medication regimen. Both of these aspects of her assessment will decrease wound healing because of reduced oxygen/perfusion.
- What expectations do you have about the patient prior to caring for them? Explain.
    - I am expecting her not to be willing to receive certain aspects of care because she is noncompliant with medications at home. I am also expecting her COPD and HTN to be exacerbated to some degree. While in the hospital, hopefully the consistent

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monitoring of her condition as well as proper medication compliance will better control her conditions.

- What previous knowledge do you have that will guide your expectations? Explain.
  - My previous knowledge that guides my expectations is to monitor my patient's respiratory status closely and ensure that her respiratory rate (12-22) and Sp02 (88%-100%) are within normal limits. I am also expecting to monitor the patient's left leg wound because of her surgery. She is having an open reduction and internal fixation (ORIF) of her left lower leg. I am looking for a change in color, temperature, swelling/ pressure, pain, pins and needles, and pulse.

Interpreting:

Interpret the following data:

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

- Her admitting diagnosis is she sustained a fall from 5ft. off a ladder causing pain in her left leg. She reports that she is unable to bear any weight on her left leg without extreme pain. She was then admitted and prepped for an ORIF of her lower left leg.
- She had an xray done of her lower left leg to determine the fracture and then admitted for the fixation.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
BUN: 40mg/dL (8-21 mg/dL)	BUN screens for kidney function and dehydration. Her level is high at 40mg/dL.
Creatinine: 2.1mg/dL (0.59-1.04mg/dL)	Creatinine screens for kidney function. Her level is high at 2.1mg/dL. This indicates that she has chronic renal insufficiency.
	With both BUN and creatinine elevated, kidney damage/injury/disease is indicated as well as renal insufficiency. Hypertension is possibly related to the increase in both, especially with her being noncompliant with her betablocker (antihypertensive medication).

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Anterior/Posterior and	The impression indicates a complete open oblique fracture of left

Lateral view of the left lower leg	tibia/ 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	Beta blocker, antihypertensive	HTN	-Monitor HR, BP, EKG -Hold med for HR <60 (check parameters/orders) -Check INOs, DW, and elevated BUN/ glucose
Aspirin	Antiplatelet agent, NSAID	MI/TIA prophylaxis	-Assess for DRESS s/s: fever, rash, facial swelling, pain -Assess for bleeding (GI) s/s: coffee ground like emesis, black and tarry stools -Assess for tinnitus, headache -Assess for altered mental status and agitation -Assess for diarrhea and sweating
Atorvastatin	Lipid lowering agent	Hypercholesterolemia	-Assess patients' diet hx (fat consumption) -Assess serum cholesterol and triglycerides -Assess for s/s of rhabdomyolysis: muscle pain and weakness
Tamsulosin	BPH agents, alpha adrenergic blockers	BPH	-Perform urinary assessment -Monitor for s/s of orthostatic hypotension -Monitor INOs, edema, DW -Check prostate size (men)
Montelukast	Bronchodilator, leukotriene	COPD	-Monitor patient for behavioral changes, altered

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	antagonists		mental status, and suicidal ideations -Perform respiratory assessment -Monitor liver enzymes