

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: _____ Seth Linder _____

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 that will guide my nursing care is the report of the open, complete, oblique fracture of the tibia and fibula from the X-Ray. I will monitor the patients pain levels to make sure they are comfortable. I will also monitor for infection, as there is an open wound from the bone coming through the skin, and their WBC count is high. A neurovascular assessment of the patients fractured leg will be crucial to detect compartment syndrome. I will also look to prepare for the surgery by verifying with the healthcare provider what medications to hold as well as if the patient needs to be NPO.

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

The expectations I have prior to caring for the patient is that they will be in a lot of pain and anxious. The patient has suffered a traumatic injury that will cause a lot of pain. Also, with their past history of hypertension, smoking, and COPD, this puts them at risk for other complications such as respiratory distress and DVT. The patient will need to be monitored closely to prevent these complications. The patient's lab values suggest that they are dehydrated, which will impair healing. The patient will need fluids to bring their labs back to normal.

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

My previous knowledge of lab values guides my expectations to the patient having an infection due to their WBC count being high. I also have previous knowledge in subjects such as respiratory and musculoskeletal systems that make me expect to monitor for certain complications. These complications are respiratory distress from an acute COPD exacerbation and DVT from immobility caused by the fracture.

Interpreting:

Interpret the following data:

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

The patient's diagnosis is a complete open oblique fracture of the left tibia and fibula. Complete fracture means the bone is broken all the way through. An open fracture means it has broken through the skin, and oblique means that the fracture is at an angle.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC: 11.1	The patient may have an inflammatory response from the fracture or early infection, or both.
Platelets: 170,000	Slightly low from possible blood loss. Monitor patient for bleeding. Aspirin can also cause some reduction in platelets.
BUN: 40	The patient may be dehydrated. Monitor patient's hydration status as well as Is and Os.
Creatinine: 2.1	Another sign the patient may be dehydrated. Monitor patients hydration status as well as Is and Os.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
X-Ray	There appears to be 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	The patient has a history of HTN. This medication lowers blood pressure.	<ol style="list-style-type: none"> 1. Monitor intake and output ratios and daily weights. 2. Teach patient and family how to check pulse daily and blood pressure biweekly and report significant changes to the healthcare provider. 3. Can cause decrease in cardiac output. Teach patient the signs and symptoms of heart failure.
Aspirin (Ecotrin)	Therapeutic: Antiplatelet Pharmacologic: Salicylate	Aspirin helps to prevent blood clots, which the patient is at risk for, from a history of smoking.	<ol style="list-style-type: none"> 1. Assess pain before and after administration. 2. Instruct patient to take with a full glass of water and sit up for 30 minutes after administering. 3. Aspirin can cause GI bleeding. Teach

			patient to look out for bruising, bleeding, and dark/tarry stool.
Atorvastatin (Lipitor)	Therapeutic: Lipid-lowering agent Pharmacologic: HMG-CoA reductase inhibitor	Reduces the risk of atherosclerosis from the patient's history of hypercholesterolemia.	<ol style="list-style-type: none"> 1. Obtain a diet history, especially regarding fat consumption. 2. Educate this medication should be used in conjunction with diet restrictions. 3. Contraindicated in patients that have active liver disease.
Tamsulosin (Flomax)	Therapeutic: Benign prostatic hyperplasia bph agents Pharmacologic: Alpha adrenergic blocker	The patient has a history of an enlarged prostate and this medication helps relax the smooth muscles of the prostate, to prevent urinary retention.	<ol style="list-style-type: none"> 1. Assess patient for first-dose orthostatic hypotension and syncope. 2. Teach patient to change positions slowly to minimize orthostatic hypotension. 3. Tamsulosin can cause dizziness and headaches.
Montelukast (Singulair)	Therapeutic: Bronchodilator Pharmacologic: Leukotriene antagonist	Prevention of exercise-induced bronchoconstriction, from COPD.	<ol style="list-style-type: none"> 1. Assess lung sounds and respiratory function. 2. Instruct the patient to take daily in the evening. 3. At risk for liver damage. Instruct the patient to report abdominal pain or tenderness, nausea, or anorexia to their healthcare provider.