

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

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Report:

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.

(bph, female, any allergies?)

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.**
 - With a history of hypercholesteremia, HTN, and Afib this puts the patient at more risk for a heart attack or stroke. This will guide me to keep an eye out for a DVT since this is a potential post op complication. A DVT could raise their risk of MI/cva even more. Pt takes metoprolol so I will assess for bradycardia and hypotension. I am confused as to why the pt is on tamsulosin. History says she has enlarged prostate, but she is a woman. Tamsulosin is used to treat men who have enlarged prostate- maybe she's taking it for urinary retention, which I would assess for.
- **What expectations do you have about the patient prior to caring for them? Explain.**
 - I expect the patient to be in pain and have some difficulty breathing from their history of COPD. I expect to keep an eye out for any post operative complications related to respiratory and musculoskeletal. I expect the pt to maybe be tachycardic from Afib or the stress their body just went through with surgery and potential infection. I will maybe expect an elevated temperature if they have an infection as evidenced but the white blood cell count being slightly over the normal range- 11.1.
- **What previous knowledge do you have that will guide your expectations? Explain.**
 - Sometimes a post op complication can be atelectasis, which is why the nurse encourages deep breathing, incentive spirometer, etc. With this patient having COPD this might increase that risk. The pt. may need oxygen if they have difficulty breathing- but not too much that it takes away their drive to breath. I would start with 2L NC. If the patient is on an opioid analgesic like morphine, I will expect to monitor respiratory status because those medications can cause respiratory depression. Compartment syndrome is a dangerous post op complication. Patient will have pressure, increased swelling, which is why the nurse should do the 6P assessment. Urinary output should be at least 30ml/hour, this is especially important post operative. Enlarged prostate can cause urinary retention so I would assess the pt.

Interpreting: Interpret the following data:

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

The admitting diagnosis is a complete open oblique fracture of left tibia and fibula. This means that the fracture broke the bone not just halfway but completely and it has come out through the skin, open to air.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC 11.1	The white blood cell count is high indicating infection at the surgical site, especially because it was an open fixation.
BUN 40	BUN is very high. Some impaired kidney function may have happened from damage to the blood vessel by HTN on top of smoking for 30 years. IF enlarged prostate is not a mistake, this condition could also elevate BUN levels by obstructing the flow of urine, thus impairing kidney function.
Creatinine 2.1	Creatinine is very high. Kidneys and nephrons could be damaged from high blood pressure and smoking causing an increase in creatinine levels.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Xray	Xray of Anterior/Posterior and Lateral view of the left lower leg 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 trade: Lopressor	Therapeutic: antianginals, antihypertensives Pharmacological: beta blockers	HTN, Afib	Assess: <ol style="list-style-type: none"> 1) Monitor bp, ecg, and pulse frequently 2) Monitor intake and output and daily weights and assess for s/s of HF 3) Monitor labs: BUN, potassium, triglyceride, and uric acid levels. Educate: <ol style="list-style-type: none"> 1) Change positions slowly to minimize orthostatic hypotension

			<p>2) Med may cause drowsiness, so avoid driving or activities that require alertness.</p> <p>3) Do not skip or double up on missed doses. Do not withdraw suddenly.</p> <p>Safety:</p> <p>1) If pulse is less than 50bpm do not give the medication.</p> <p>2) May cause severe allergic reaction-monitor with initial dose</p> <p>3) Use caution with MAOIs</p>
Aspirin (trade: Bayer)	<p>Therapeutic: antipyretic, non-opioid analgesic</p> <p>Pharmacological: salicylates, nsaid</p>	MI prophylaxis: to prevent clots that may happen from a fib, hypercholesteremia or even post op immobility.	<p>Assess:</p> <ol style="list-style-type: none"> 1. monitor signs of bleeding and bruises 2. assess s/s of DRESS (fever, rash, lymphadenopathy, face swelling. 3. monitor hematocrit in prolonged high dose therapy to assess for GI blood loss. <p>Educate:</p> <ol style="list-style-type: none"> 1. take with full glass of water, remain upright for 15-30min 2. avoid alcohol 3. report black tarry stool, bleeding gums, tinnitus. <p>Safety:</p> <ol style="list-style-type: none"> 1) Not safe for breastfeeding 2) Cross sensitivity with other NSAIDS may exist. 3) Toxicity and overdose symptoms such as tinnitus, headache, agitation, confusion occur, the med should

			be withheld. Notify provider.
Atorvastatin trade: Lipitor	Therapeutic: lipid lowering agent Pharmacological: hmg coa reductase inhibitor	Management for hypercholesterolemia	<p>Assess:</p> <ol style="list-style-type: none"> 1. Monitor liver function tests 2. Assess s/s of proximal muscle weakness 3. Monitor serum cholesterol and triglyceride levels. <p>Educate:</p> <ol style="list-style-type: none"> 1. Use med in conjunction with diet restrictions, exercise, and smoking cessation 2. Report unexplained muscle pain and weakness especially accompanied by fever or malaise. 3. Don't drink more than 1 quart of grapefruit juice per day. <p>Safety:</p> <ol style="list-style-type: none"> 1. Avoid grapefruit juice as it may increase toxicity. 2. Discontinue therapy if CK levels are >10 times the upper limit because of myopathy. (IMNM) 3. Contraindicated during lactation.
Tamsulosin Trade: Flomax	Therapeutic: benign prostatic hyperplasia agent Pharmacological: alpha adrenergic blocker	Enlarged prostate..	<p>Assess:</p> <ol style="list-style-type: none"> 1. Assess for s/s of bph like 2. Assess patient for first does orthostatic hypotension and syncope 3. Monitor intake and output, and daily weight; assess for edema daily <p>Educate:</p>

			<ol style="list-style-type: none"> 1. Take med the same time each day 2. Caution patient to change positions slowly 3. Emphasize importance of follow up visits to determine effectiveness of therapy <p>Safety:</p> <ol style="list-style-type: none"> 1. Patients undergoing cataract surgery have increased risk of intraoperative floppy iris syndrome. 2. Med will cause allergic reaction in pt. with Sulfa allergy. 3. Med may cause dizziness- avoid driving or activities requiring alertness
<p>Montelukast Trade: singulair</p>	<p>Therapeutic: bronchodilator Pharmacological: leukotriene antagonists</p>	<p>COPD management</p>	<p>Assess:</p> <ol style="list-style-type: none"> 1. Assess lung sounds and resp function prior to and during therapy 2. Assess allergy symptoms. 3. Monitor for behavior changes like suicidal thoughts <p>Educate:</p> <ol style="list-style-type: none"> 1. don't discontinue or reduce without consulting provider 2. If pt needs more than the maximum dose prescribed in 24 hrs. they should notify HCP. 3. Take daily in the evening or 2 hours before exercise. <p>Safety:</p> <ol style="list-style-type: none"> 1. This med may cause SJS- a severe rash. Nurse should monitor for this adverse

			<p>reaction.</p> <ol style="list-style-type: none">2. Discontinue the med if rash is accompanied with fever, malaise, fatigue, muscle/joint aches, blisters.3. this med is not for acute attacks. Pt should always carry a rapid acting therapy for bronchospasm.
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