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.

  One thing that I noticed from my patient's history is the fact that they suffer from COPD. Not only will I be providing care for my patient's fracture, I will also take into consideration needs for my patient based on this previous diagnosis. I will do things such as elevating the head of the bed, encourage coughing and deep breathing exercises, as well as doing a focused respiratory assessment.

- What expectations do you have about the patient prior to caring for them? Explain.
  I will expect my patient to be in pain. I expect this because there is a complete open fracture in my patient's leg, which means there is open skin, as well as a lot of trauma to that area. This will result in increased pain and discomfort in that area.

- What previous knowledge do you have that will guide your expectations? Explain.
  I have previous knowledge of knowing my patient has a fracture. This will help guide my expectations towards care and signs/symptoms. I will elevate the fracture, potentially ice the fracture if tolerated, as well as encourage rest for my patient. If my patient is having pain, I will give prescribed analgesics. I will continuously do a routine skin and cardiovascular assessments in that extremity to watch for any adverse complications or symptoms.

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 through the tibia and fibula of the left leg. This diagnosis states that the fracture has completely gone through the entire bone, which is what complete refers to, and at a slight angle which is defined as an oblique fracture. Since the bone has broken through the skin, it is defined as an open fracture.

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 has elevated WBC levels due to possible infection in the open wound.
BUN 40	The patient has elevated BUN levels due to kidney dysfunction, potentially related to hypertension. (High blood pressure can cause blood vessels to become narrow, affecting kidney tissues)
Creatinine 2.1	The patient has elevated creatinine levels due to kidney disease/kidney dysfunction, potentially related to hypertension.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
X-Ray (Anterior/Posterior/Lateral view of the left leg)	Results showed a complete open oblique fracture to the pt's left fibula and tibia.

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)	Anti-hypertensive /beta blocker	HTN	Assess BP + pulse, educate on potential drowsiness, and instruct the patient to take with meals or directly after eating.
Aspirin (Aspirin low dose/ adult low strength)	Non opioid analgesics/ salicylates	Mild to moderate pain	Assess pain and type, educate to take with a full glass of water, and instruct the patient to remain upright 15-30 minutes after administration.
Atorvastatin (Lipitor)	Lipid lowering agent/ hmg coa reductase inhibitor	Hypercholesterolemia	Assess cholesterol levels and triglyceride levels before starting therapy, educate on avoiding grapefruit/grapefruit juice while taking medication, instruct the client to inform the HCP if they experience muscle weakness, pain, or tenderness.
Tamsulosin (Flomax)	BPH agent/ alpha adrenergic blocker	Enlarged prostate	Assess for urinary hesitancy, dribbling, dysuria (symptoms of BPH), educate on taking medication 30 minutes after a meal (same meal every time), and inform the client of potential dizziness while taking the medication (caution in driving).
Montelukast (Singulair)	Bronchodilator/ leukotriene antagonist	COPD	Assess lung sounds during drug therapy, educate client on taking 2 hours prior to exercise, and instruct patient

			on not discontinuing medication without consulting the HCP.