

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

**Simulation Prebriefing**

**Name: Nevaeh Walton**

***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 was her smoking two packs a day for 30 years. This can affect her respiratory function, wound healing, and overall surgical recovery. Smoking greatly damages the lungs, and combined with her COPD, puts her at higher risk of poor oxygen exchange, atelectasis, pneumonia, and respiratory failure after anesthesia. This will guide my initial nursing care through assessing her oxygenation through breath sounds, and SpO2. As well as encourage smoking cessation.
- What expectations do you have about the patient prior to caring for them? Explain.
  - I expect her to have significant pain due to her left lower leg fracture. I will assess pain rating, location, and if interventions are helping or not, such as opioids or change in positioning.

- What previous knowledge do you have that will guide your expectations? Explain.
  - I know that ORIF (open reduction internal fixation) can create mobility challenges postoperatively which can increase the patient’s risk of DVT and pressure injuries.

**Interpreting:**

Interpret the following data:

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

- Left lower leg fracture. It is a break in the bone, which after the X-ray showed to be a complete open oblique fracture of the left tibia and fibula.

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

<b>Abnormal Lab Values</b>	<b>Rationale for Abnormal Lab Values (Use complete sentences.)</b>
WBC (11.1 X 10 <sup>3</sup> μ/L)	The slight elevation could be from the stress of her fall and fracture triggering an inflammatory response. Chronic inflammation of her lungs from COPD could also increase WBC. It also could be a sign of infection, especially if she has a fever or there is redness at fracture site.
BUN (40)	There is a high possibility, especially with an elevated creatinine level, that there is some impaired kidney function. With her history of A-fib, HTN, and COPD CKD is likely due to vascular damage.
Creatinine (2.1)	There is a high possibility of a kidney infection, CKD, possible dehydration, obstruction in urinary tract, or rhabdomyolysis.

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

<b>Diagnostic Testing</b>	<b>Results of Diagnostic Testing (Use complete sentences.)</b>
X-ray: Anterior/Posterior and Lateral view of the left lower leg	There is a complete open oblique fracture of the left tibia and fibula.

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Medications (provide a list of all medications (home and on eMAR) with classification, indication for use, and nursing interventions):

<b>Medication (generic and trade name)</b>	<b>Classification (therapeutic and pharmacologic)</b>	<b>Indication for use (specific to this patient)</b>	<b>Nursing Interventions (Assessment, Education, Safety Measures) (List at least 3 per medication)</b>
G=Metoprolol T=Lopressor	T= antianginals, antihypertensives P=beta blockers	Lowers hypertension, controls heart rate and reduces risk for tachycardia, and helps reduce cardiac complications during surgery.	<ol style="list-style-type: none"> <li>1. Monitor BP and heart rate.</li> <li>2. Take apical pulse before administering. (hold if HR is less than 50 and notify HCP)</li> <li>3. May cause dizziness or hypotension so change positions slowly.</li> </ol>
G=Aspirin T=Aspir-low	T= antiplatelet agents, antipyretics, nonopioid analgesics P=Nonsteroidal anti-inflammatory drugs nsoids	Prophylaxis of transient ischemic attacks and MI, mild to moderate pain	<ol style="list-style-type: none"> <li>1. Monitor hematocrit and platelet count periodically in prolonged doses to assess for G.I. bleed</li> <li>2. Take with a full glass of water and remain upright 15-30minutes after administration.</li> <li>3. Don not crush or chew tablets</li> </ol>
G=Atorvastatin T=Lipitor	T= lipid lowering agents P=hmg coa reductase inhibitors	Helps prevent coronary heart disease, MI, stroke, and angina; helps manage primary hypercholesterolemia	<ol style="list-style-type: none"> <li>1. Educate patient to notify HCP if unexplained muscle pain, tenderness, or weakness occurs</li> <li>2. Avoid grapefruit juice since it can increase drug levels and side effects.</li> <li>3. Monitor cholesterol and triglyceride levels.</li> </ol>
G=Tamsulosin T= Flomax	T=Benign prostatic hyperplasia bph	Helps decrease symptoms of benign	<ol style="list-style-type: none"> <li>1. Monitor intake and output ratios and daily</li> </ol>

	agents P=alpha adrenergic blockers	prostatic hyperplasia (urinary urgency, hesitancy, nocturia)	weight. Assessing for edema daily. 2. Rectal exams should be done before therapy and periodically throughout to assess prostate size. 3. May cause orthostatic hypotension so change positions slowly.
G=Montelukast T=Singular	T=Bronchodilators P=leukotriene antagonists	Helps reduce bronchoconstriction in airway diseases (COPD)	1. Assess lung sounds and respiratory function prior to. 2. Educate that its not for acute attacks and should be take daily, consistently. 3. Educate that any mood or behavior changes, such as depression or suicidal thoughts, should be reported to HCP immediately.