Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: Cathryn Palagyi

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 intriguing part of the patients labs is the presence of the elevated BUN and creatinine that can indicate possible impaired kidney function or increased muscle breakdown which could correlate to the potential healing of the wound following the surgery.
- What expectations do you have about the patient prior to caring for them? Explain.
    - I expect for the patient to be in a substantial amount of pain considering the admission diagnosis based off the scans. It will be an adjustment for the patient to alter their ADL's following the surgery and figuring out support from family. Another factor that would be the patient's noncompliance with medications may alter her overall healing process and it could potentially delay it. With

noncompliance with medication, it leads me to question if the patient will be compliant with mobility aids and possible therapy following their procedure.

- What previous knowledge do you have that will guide your expectations? Explain.
    - From previous clinicals I have found that every patient tolerates surgery differently and the recovery time is truly dependent on the patient, their history, and their motivation to recover. Being that the patient was previously working outside on a ladder they seem to be independent in life which will make the change from her diagnosis substantial in the upcoming weeks.

Interpreting:

Interpret the following data:

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

- The patient's admitting diagnosis is a fall leading to a left leg open fracture of both the tibia and the fibula. This diagnosis indicates severe injury where the broken bones have punctured through the skin, increasing the risk of infection and requiring urgent medical intervention, such as surgical fixation and wound management.

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

Abnormal Lab Values	**Rationale for Abnormal Lab Values (Use complete sentences.)**
BUN 40	The expected range for an adult BUN level would be 8-21 mg/dL. Rationale: To assist in screening for kidney function toward diagnosing disorders such as kidney disease and dehydration; potential cause for increase include- AKI, diabetes, decreased renal perfusion, GI bleed, HF, shock, hypovolemia, ketoacidosis, muscle wasting from starvation, and hyperalimentation.
Creatinine 2.1	Adult female expected range is 0.59-1.04 mg/dL. Rationale: To assess kidney function found in AKI and CKD, related to drug reaction and disease such as diabetes; potential cause for elevated levels include- acromegaly, dehydration, HF, AKI, CKD, renal calculi, rhabdomyolysis, and shock.
WBC 11.1 X 10^3 µ/L	Normal (Adult) values 5000-10,000/mm^3 (Fundamentals of Nursing, 11th Edition Chapter 28 table 28.4) Rational: Increased in acute infection, decreased in certain viral or overwhelming infections. Elevated WBC could indicate- emotional stress, strenuous exercise, infection, anemia, and parasitic infections.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
x-ray: Anterior/Posterior and lateral view of the left lower leg	The x-ray helps to see a view from the front of the leg showing the tibia and fibula bones directly and from the side to see the bones side profile determining potential fracture and abnormalities within the scan. There appears to be a complete open oblique fracture of the left tibia and fibula. This scan determined the need for surgery for an ORIF of the left lower leg.

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	Antianginals, antihypertensives, beta-blockers	History of hypertension. History of atrial fibrillation.	-Monitor BP, ECG, and pulse frequently during dose adjustments and periodically during therapy. -Advise patient to change positions slowly to minimize orthostatic hypotension. -May cause increased BUN, serum lipoproteins, potassium, triglyceride, and uric acid levels.
Aspirin	Antiplatelet agents, antipyretics, nonopioid analgesics, salicylates, nonsteroidal anti-inflammatory drug NSAIDs	Helps to decrease risk of possible heart attack, stroke, or blood clot History of atrial fibrillation, 2ppd X30 years.	--Take with a full glass of water and remain in an upright position for 15-30 minutes after administration. -Patients who have asthma, allergies, and nasal polyps or who are allergic to tartrazine are at an increased risk for developing hypersensitivity reactions. -May increase the risk of

			bleeding with warfarin, heparin, heparin-like agents, thrombolytic agents, dipyridamole, clopidogrel, tirofiban, or eptifibatide, although these agents are frequently used safely in combination and sequence.
Atorvastatin	Lipid-lowering agent, hmg coa reductase inhibitors	History of hypercholesterolemia	-Grapefruit juice increases levels and risk of rhabdomyolysis. -Advise the patient that this medication should be used in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol), exercise, and cessation of smoking. -Evaluate serum cholesterol and triglyceride levels before initiating, after 2-4 weeks of therapy, and periodically thereafter.
Tamsulosin	Benign prostatic hyperplasia BPH inhibitors, alpha adrenergic blockers	History of enlarged prostate	-Assess patient for first-dose orthostatic hypotension and syncope. Incidence may be dose related. Observe patient closely during this period and take precautions to prevent injury. -Administer daily dose 30 minutes after the same meal each day. -Instruct patient to take tamsulosin as directed. Emphasize the importance of continuing to take this medication, even if feeling well.
Montelukast	Bronchodilator, leukotriene agonist	History of COPD	-Assess lung sounds and respiratory function prior to and periodically during therapy. -Advise the patient that montelukast is not used to treat acute asthma attacks but

			may be continued during an acute exacerbation. -Instruct patient not to discontinue or reduce other asthma medications without consulting health care professional.