

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: Malone Phillips

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.

There are a few specific details that I noticed from the patient's history or report that will guide my initial nursing care. Their diagnosis of a left lower leg fracture of the tibia and fibula is one of the main problems that I would like to assess first. They are preparing for surgery on the broken bones and going to undergo an ORIF (Open reduction internal fixation) surgery. I am going to ensure that the patient has a complete understanding of the procedure that is going to be done, along with the limitations and restrictions they are going to have post-op. After surgery, nursing management can include stabilization of vital signs, administering medications to manage the patient's pain, assisting with ambulation and activities of daily living, and preventing the risk for infection.

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

The expectations that I have prior to caring for my patient includes understanding that they are going to be in extreme pain due to their lower leg fracture, especially during ambulation. I can suspect that I will be educating on topics such as adequate weight bearing to prevent pain and further injury to the affected bones. They are noncompliant with the medication regimen, so that will affect the way I care for the patient. Patients with COPD and a history of smoking can have low oxygen levels, so they possibly will need to be placed on oxygen. With the patient having an enlarged prostate, there is a chance that a urinary catheter will be inserted to assist with any BPH symptoms like urinary retention. The patient also has a history of hypercholesterolemia, so it will be important that we treat to lower the amount of cholesterol in the blood.

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

The fractured bones should be immobilized. In a patient with hypercholesterolemia, it is important that they are placed on a diet low in cholesterol for heart health. They are also taking the medication, atorvastatin, daily for the management of the high cholesterol levels. An enlarged prostate can cause BPH symptoms which includes urinary urgency, hesitancy, and nocturia. If they are experiencing urinary retention, it might be necessary that a urinary catheter is inserted. The patient is also being given Tamsulosin, to decrease those symptoms. With having a past social history of smoking (two packs daily) and COPD, there will be damage to your lungs which affects your airways when breathing. To assist with the possible shortness of breath and bronchoconstriction of the airways, the patient is taking montelukast daily.

Interpreting:

Interpret the following data:

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

The patient’s admitting diagnosis is a left lower leg fracture. This was confirmed through an x-ray indicating a complete, open oblique fracture of the left tibia and fibula. A fracture is a break in a bone. The patient is having extreme pain, especially when applying weight to the extremity, after experiencing a fall.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
BUN: 40 H	The patient’s BUN lab values are increased due to urinary tract obstruction, relating to decreased renal excretion and accumulation in circulating blood. An enlarged prostate can cause an increased

	level, indicating impaired kidney function. This can potentially cause urinary retention, affecting the normal flow of urine from the bladder.
Creatinine: 2.1 H	Creatinine levels rise as kidney function worsens. An enlarged prostate can affect the amount of urine being excreted, meaning that the kidneys have to work harder for creatinine to be voided. This results in abnormal, elevated levels in the blood.

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 indicates 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 (Toprol XL) 25mg PO BID	Therapeutic: Antianginals, antihypertensives Pharmacologic: Beta blockers	This medication decreases blood pressure and heart rate.	<ul style="list-style-type: none"> • Take apical pulse before administering. Withhold medication and notify HCP if <50bpm or if arrhythmias occur. • Monitor I/O ratios and daily weights. Assess for signs and symptoms of HR (dyspnea, rales/crackles, weight gain, peripheral edema, jugular vein distention) • Abrupt withdrawal may precipitate life-threatening arrhythmias, hypertension, or Myocardial infarction.
Aspirin (Ecotrin) 81mg PO daily	Therapeutic: Antiplatelet agents, antipyretics,	This medication assists in the reduction of inflammation	<ul style="list-style-type: none"> • Administer after meals or with food or an antacid to minimize gastric irritation.

	<p>nonopioid analgesics</p> <p>Pharmacologic: salicylates</p>	<p>producing analgesia for mild to moderate pain.</p>	<ul style="list-style-type: none"> • Instruct patient to take aspirin with a full glass of water and to remain in an upright position for 15-30 minutes after administration. • Assess pain and limitation of movement; note type, location, and intensity before and 60 minutes after administration.
<p>Atorvastatin (Lipitor) 10mg PO daily</p>	<p>Therapeutic: Lipid-lowering agents</p> <p>Pharmacologic: hmg coa reductase inhibitors</p>	<p>This medication helps manage hypercholesterolemia .</p>	<ul style="list-style-type: none"> • Avoid grapefruit and grapefruit juice during therapy to avoid risk of toxicity. • Advise the patient that this medication should be used in conjunction with diet restrictions (fat, cholesterol, carbohydrates, alcohol) exercise, and smoking cessation. • Monitor liver function tests prior to initiation of therapy. If symptoms of serious liver injury, hyperbilirubinemia, or jaundice occur, discontinue medication and do not restart.
<p>Tamsulosin (Flomax) 0.4mg PO daily</p>	<p>Therapeutic: Benign prostatic hyperplasia</p> <p>Pharmacologic: Alpha adrenergic blockers</p>	<p>This medication decreases symptoms of BPH (urinary urgency, hesitancy, nocturia) due to an enlarged prostate.</p>	<ul style="list-style-type: none"> • Administer daily dose 30 minutes after the same meal each day. Swallow capsules whole. • May cause dizziness, so avoid driving or other activities that require mental alertness. Change positions slowly to minimize orthostatic hypotension.

			<ul style="list-style-type: none"> Assess for symptoms of BPH (urinary hesitancy, feeling of incomplete bladder emptying, interruption of urinary stream, impairment of size and force of urinary stream, terminal urinary dribbling, straining to start flow, dysuria, urgency) before and during therapy.
<p>Montelukast (Singulair) 10mg PO daily</p>	<p>Therapeutic: Allergy, cold, and cough remedies, bronchodilators Pharmacologic: Leukotriene antagonists</p>	<p>This medication decreases the frequency and severity of acute asthma attacks, decreased severity of allergy rhinitis, and decreased attacks of exercise-induced bronchoconstriction.</p>	<ul style="list-style-type: none"> Monitor for changes in behavior, such as depression and suicidal thoughts. Assess lung sounds and respiratory function prior and during therapy. For asthma, administer once daily in the evening. For allergic rhinitis, may be administered at any time of the day. Instruct the patient to take the medication at least 2 hours before exercise, even if not experiencing symptoms of asthma.