

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: _____

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 from the patient's chart that will help guide my nursing care would be that the patient presents as a woman, but past medical history states that the patient has a history of an enlarged prostate. I'm questioning if we have the right patient or if the patient is part of the LGBT community. This will help guide me as to how I am approaching and communicating with the patient in terms of their gender.
- What expectations do you have about the patient prior to caring for them? Explain.

I expect the patient to be in pain, having some visible bone exposure, some deformities, swelling and bruising, and bleeding and mobility to be limited. My immediate concern would be infection due to the open wound exposing the bone, I would expect the patient to have weak pulses and maybe some tingling and numbness. I would also expect the patient to be complaining of constant pain.

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

Some previous knowledge that will help guide my expectation is studying anatomy and physiology (understanding bone healing stages), knowing how to perform a neurovascular assessment and asking the 6 P's, understanding the risk of being immobile for a long period of time, being able to recognize signs and symptoms of infection, and knowing that you have to give bone penetrating antibiotics because if you don't the antibiotic wouldn't be able to reach the infection.

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? Define the diagnosis. Open reduction and internal fixation (ORIF). This means that the patient will need their bone realigned and stabilized. It will include the internal fixation of the fracture with screws, pins, rods, plates, or nails.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
Creatinine 2.1	Since creatinine and BUN go hand in hand, I am thinking that the cause of the labs being elevated are because the patient fractured their tibia and fibula causing some muscle breakdown and the fibers deteriorated into the bloodstream causing these elevations.
BUN 40	I think they are both elevated due to the damage to the patient's leg. It could be possibly from the metoprolol that the patient is taking also.

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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 patient appears to have 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/ Lopressor	Therapeutic- antihypertensive; Pharmacologic – beta blocker	History of hypertension	Monitor BP, Pulse, and ECG Frequently; may cause drowsiness; avoid driving; monitor I/O and daily weights
Aspirin/Aspirin	Therapeutic- nonopioid analgesic; - Pharmacologic- salicylates/NSAIDS	Mild to moderate pain	Perform a full pain assessment before administering, give the lowest effective dose for shortest amount of time, instruct patient to take with a full glass of water
Atorvastatin/Lipitor	Therapeutic- lipid lowering agent- Pharmacologic- hmg coa reductase inhibitors	History of hypercholesterolemia	Obtain a diet history including fat consumption, evaluate serum cholesterol value before administering, instruct patient to notify HCP if any unexplained muscle weakness

Tamsulosin/Flomax	Therapeutic-benign prostatic hyperplasia bph	History of enlarged prostate	Assess patient for first-dose orthostatic hypotension, administer daily 30 minutes after the same meal each day, assess for symptoms of BPH
Montelukast/Singular	Therapeutic - Allergy, cold and cough, bronchodilators Pharmacologic- Leukotriene antagonists	History of COPD	Assess lung sounds and respiratory function prior and periodically during therapy, assess allergy symptoms, and monitor changes in behavior that could indicate the emergence of worsening of depression or suicidal thoughts