

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

**Simulation Prebriefing**

**Name: Jameson Lee**

***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 will guide my initial nursing care is the level of pain the patient is in. I would administer analgesics as ordered for the severity of the pain. I was also concerned with the labs of the patient. The WBC, creatinine, and BUN were all high. So, I would investigate this as well. I would assess for s/s of infection (fever, redness, warmth) per their high WBC count, as well as their kidney function for the elevated BUN and creatinine. [Good job identifying some potential nursing priorities!](#)
- What expectations do you have about the patient prior to caring for them? Explain.
  - Some expectations I have about the patient prior to caring for them would that they either have a foley catheter, or will be ordered one due to them needing surgery, as well as they are non-weight bearing on their left leg, so the fracture will need to be stabilized. I also expect them to be in some kind of renal disease due to their labs of a high BUN and creatinine. I also expect there to be an infection since their WBC is elevated as well. I also expect the patient to be agitated to some extent because of the excruciating pain they are in. I would also expect the patient to potentially need dialysis per their labs showing their kidney function. [They may have a foley or they may have one placed in the OR. That is a great thing to think of and anticipate needing during your prep.](#)
- What previous knowledge do you have that will guide your expectations? Explain.

- o Some previous knowledge I have that will guide my expectations are that I have had patients on clinical that needed hip surgeries due to their fractures and before surgery they were on bed rest and had catheters that were removed the morning after surgery. These patients were also in extreme pain and were ordered an opioid analgesic. [What types of medications would be opioid analgesics?](#)

### 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 of the left tibia & fibula. The patient was admitted to the unit for an ORIF surgery (open reduction and internal fixation) of the lower leg. This diagnosis means that the fracture of the left tibia and fibula had exposing bone through the skin, the break went completely through the bone, and the break was in a diagonal line down the bone. This fracture requires surgery to realign and set the bones.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC – 11.1 (high)	A high white blood cell count could indicate an infection where the fracture occurred, there is a higher risk of infection since this was an open fracture.
BUN – 40 (high)	A high blood urea nitrogen could indicate renal disease. <a href="#">Great job, what testing could this affect if the patient has complications? (CT scans?)</a>
Creatinine – 2.1 (high)	A high creatinine level could also indicate renal disease. <a href="#">Great job, what testing could this affect if the patient has complications? (CT scans?)</a>

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
X-ray	The x-ray concluded that there was 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 25 mg PO BID	Anti-hypertensive & beta blocker	History of HTN	Assess BP & HR, assess BUN levels, monitor I&Os & daily weights (HF)
Aspirin 81 mg PO daily	Antiplatelet agent, antipyretic, nonopioid analgesic & salicylates	Pain, reduce incidence of MI <a href="#">What other history did the patient have that would indicate she would need to take this medication? History of an MI is still correct, but there is a specific history for this patient that indicates their need for this medication.</a>	Assess pain, monitor hematocrit labs & watch for bruising, rashes for allergic reaction
Atorvastatin 10 mg PO daily	Lipid lowering agent & hmg coa reductase inhibitor	Management of hypercholesteremia	Don’t take with grapefruit, monitor liver function, used in conjunction with diet restrictions, smoking cessation, & exercise
Tamsulosin 0.4 mg	Benign prostatic hyperplasia bph	History of enlarged prostate	Monitor I&Os & daily weights, assess for

PO daily	agent & alpha-adrenergic blocker		orthostatic hypotension, & assess for s/s of BPH (urinary urgency, incomplete voiding)
Montelukast 10 mg PO daily	Bronchodilator, & leukotriene antagonists	History of COPD	Focused respiratory assessment, psychosocial (depression or suicidal thoughts), take every day & not for acute attacks

Great job with your prebrief Jameson! I am glad to see you making some connections between diagnoses and medications the patient is on as well as how it can impact their labs. Keep it up!

Rachel