Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

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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.

Something I noticed from my patient's chart is that they have a history of COPD and smokes two packs a day for 30 years. This will guide my initial nursing care by ensuring to implement specific assessments and education. I will ensure to frequently assess the patient's respiratory status including their respirations, pulse oximetry, cough, SOB, and lung sounds. I would also assess the patient's past medical history, family history, and current smoking status. Based off what subject data the patient communicates I would ensure to educate on smoking cessation and the incentive spirometer as needed.

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

Based off the patients chart I expect them to have some pain associated with their left tibia and fibula fracture. Depending on the last time the patient was administered pain medications, the patient may have that pain and need them readministered. Since the fracture was an open complete oblique fracture to the left tibia and fibula and they have not had surgery yet. This indicates that the leg has just been stabilized to prevent further complications, worsening to the lower leg, and pain management. No interventions have been completed to treat the leg and begin the process of healing. This also means that the injury is new, and I expect the lower leg to be swollen, sensitive, painful, immobilized, reddened, and possibly numb and/or tingling depending on the patient's circulation.

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

Previous knowledge that I have based on my expectations for this patient is the information that I have learned from lectures. The lectures on the musculoskeletal system included the different types of fractures, how to manage specific injuries, possible complications with fractures, signs and symptoms, interventions, education on ambulation and management, and preventative measures. This information will help when caring for this patient. The patient has an open complete oblique fracture to the left tibia and fibula. What we learned in lecture will give general knowledge on what the patient's leg looks like and how to care for it.

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 to the left tibia and fibula. The tibia and fibula are the two bones that are within the lower leg. The tibia bone is within the inner side and aids in bearing most of the weight. The fibula is the smaller bone within the lower leg on the outer side and does not aid in bearing as much weight compared to the tibia. The bones in this case are completely broken through, there is no longer any connection between the two ends of each bone. Open means that the bones that have broken are protruding through the skin on the leg. These bones are sticking outside of the body. Oblique means that the bones have broken at an angle across the bone.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC: 11,100	The normal WBC count ranges from 5,000 to 10,000. This patient could have an elevated WBC count due to the extent of trauma suffered on the left lower leg and stress or a possible infection from the broken bones and skin. This patient fell outside so the risk of infection increases based on the environment and the bones breaking through the skin. The possible complication of

	compartment syndrome can also cause elevated WBC's.
BUN: 40	The normal BUN for women ranges from 6-21. The normal BUN for men is 7-24. This patient could have an elevated BUN due to many different factors. Factors that can cause an increase BUN include: aspirin, metoprolol, diet, severe infection, tissue injuries, kidney issues, and dehydration. All of these factors are possible causes for this patients elevated BUN.
Creatinine: 2.1	The normal creatinine level for women is 0.6-1.1. The normal creatinine level for men is 0.7-1.3. This patient could have an elevated creatinine level due to multiple factors. Factors that can increase creatinine levels include possible dehydration, muscle and tissue damage, infection, diet, and kidney issues. These could all be factors that can elevate this patient's creatinine.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
X-ray: left leg	An X-ray was done on this patient's leg because they came in from falling from a ladder. Their left lower leg was unable to bear weight and had bone protruding through the skin. An X-ray would be able to show the type and extent of the fracture. The results showed that both the tibia and fibula were affected from the fall within the left lower leg. The bones were broken completely through the shaft of the bone and at an angle. The tibia and fibula are protruding through the skin on 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 (Lopressor)	**Therapeutic:** antianginals, antihypertensives **Pharmacologic:** betablocker	Manage high blood pressure and prevention/decrease risk of Myocardial Infarction.	1.Monitor blood pressure and pulse frequently as well as before medication administration. 2. Monitor lab values including BUN, potassium, blood glucose, AST, and ALT as this medication can increase these lab values. 3.Educate on reporting adverse effects. The main one being hypotension which can include symptoms of dizziness, fatigue, paleness, bradypnea, confusion, etc.
Aspirin (Ecotrin)	**Therapeutic:** antiplatelet agent, antipyretic, non-opioid analgesics **Pharmacologic:** salicylates	Treat mild to moderate pain. Reduce inflammation and fever.	1.Assess pain before and an hour after administration using pain scale of 0-10. Along with addressing intensity, type, duration, location, and factors that influence the pain. 2.Educate the patient on the possible side effect of GI bleeding. Have the patient report any increased bruising, dark and tarry stool, vomiting blood, weakness, etc. 3.Educate on the symptoms of toxicity. This includes ringing in the ears, confusion, hyperventilation, sweating, diarrhea, and lethargy. Having the patient report these symptoms if they occur.
Atorvastatin (Lipitor)	**Therapeutic:** lipid-lowering agents	Manages hypercholesterolemia. Prevents and	1.Assess patients diet and nutrition history. Establish any excess fat intake.

	Pharmacologic: hmg coa reductase inhibitor	decreases risk of stroke, angina, and CAD.	2.Educate patient to avoid drinking grapefruit juice with this medication because it can increase the risk of toxicity. 3.Edcuate patient on symptoms of toxicity. These include muscle pain and weakness, dark urine, yellowing of skin and eyes, confusion, dizziness, n/v, etc. Have patient report these symptoms if they occur.
Tamsulosin (Flomax)	**Therapeutic:** benign prostatic hyperplasia bph agents **Pharmacologic:** alpha adrenergic blockers	History of enlarged prostate. Benign prostatic hyperplasia. Manages and decreases symptoms.	1.Assess patient for orthostatic hypotension as this can be a side effect of the medication. Patient may need to be put on fall preventions. Assess signs of lightheadedness when changing positions. 2.Assess intake and output. This medication can change urination patterns. This medication is supposed to aid in increasing urine voiding and bladder function. Establish if medication is effective. 3. Educate the patient that when taking this medication they must take the capsule whole. Along with taking it the same time everyday and 30 minutes after meal.
Montelukast (Singulair)	**Therapeutic:** allergy, cold, cough remedies, bronchodilator **Pharmacologic:** leukotriene antagonists	Prevention of bronchoconstriction. Aid in reducing cough and bronchodilation of airways.	1.Assess patients respiratory status including: cough, lung sounds, breathing, pulse oximetry, and SOB. 2.Monitor medication effectiveness after administration. Report if medication is not effective and symptoms do not subside. 3.Educate patient on

			monitoring and report changes in behavior. This includes depression and suicidal thoughts.