

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: _____ Aaron Brummett _____

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 I notice in my patient's history/report that will guide my initial nursing care is the x-ray confirming the complete open oblique fracture on the left lower tibia and fibula. In the report it states that the patient "cannot bear any weight on left leg without experiencing extreme amounts of pain". This leads me to focus my assessment on that extremity and everything that relates to having a left leg injury (ex: 6 p's etc.)

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

My expectations I have for this patient are that they will be in a lot of pain due to the injury. So, I will most likely need to get some sort of pain medications in the works to help provide better care for my patient.

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

Some previous knowledge that will help guide my expectations throughout this process is when I worked with patients in the hospital in clinical settings that were experiencing high levels of pain. Giving pain relievers before working with PT/OT for example, which helped them perform better, ultimately leading to higher results. I also worked with a patient that experienced high levels of pain that was about to go in for a surgery to remove his gallbladder. He needed pain medications to be able to respond effectively with the healthcare team to help with the overall outcome.

Interpreting:

Interpret the following data:

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

The admitting diagnosis for my patient is that she has a complete open oblique fracture of the left tibia and fibula. Complete meaning that the bones have been split all the way through the bone. Open meaning that the bone has protruded through the skin and is now an open wound. Lastly, oblique meaning that the fracture is going at a slant diagonally.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
11.1x10 ³ uL – WBC – Elevated slightly	This lab value is slightly elevated due to the open fracture.
BUN – 40 Elevated	This lab value is elevated due to possible kidney issues or dehydration.
Creatinine – 2.1 Elevated	This lab value is elevated due to possible kidney not filtering as efficiently.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
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X-Ray	This test was conducted for the anterior and posterior and lateral view of the left lower leg
CBC	Complete Blood Count to see our blood levels to determine if infections are setting in.
CMP	Complete metabolic Panel to see electrolyte levels and kidney functions.

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	Hx of HTN lowers blood pressure.	Monitor BP ECG and pulse frequently throughout therapy. Take medication at the same time of each day. Watch for side effects of Bradycardia and Heart Failure.
Aspirin	Nonopioid analgesics, antipyretics, antiplatelet agents. Salicylates, nonsteroidal anti-inflammatory drugs NSAIDS	Reduction of mild to moderate pain. Reduction of inflammation.	Assess pain levels and limitation of movement, Assess Fever and note any signs of tachycardia, Educate/ Instruct patient to take with a full glass of water.
Atorvastatin	Lipid lowering agent, hmg coa reductase inhibitor	Patient weighs 209 lbs this will help with weight loss. Hx of Hypercholesterolemia	Obtain a diet history especially regarding fat intake. Educate on not double dosing if missed a timed dose. Do not confuse this medication with atomoxetine.
Tamsulosin	Benign prostatic hyperplasia bph agents, alpha adrenergic blockers.	This is to decrease my patient's symptoms with BPH including urinary urgency and nocturia.	Cimetidine may increase levels and increase the chances for toxicity. Assess patient for signs of BPH. Educate that this medication

			may cause dizziness and should avoid activities that need focus like driving.
Montelukast	Allergy, cold and cough remedies, bronchodilators, leukotriene antagonists.	Reduce the frequency and severity of acute asthma attacks. Patient has a Hx of COPD	Assess lung sounds and respiratory function before and during treatment periods. Don't use this medication for acute asthma attacks instead you should have a fast-acting choice instead. Take this medication 2 hours before exercise.