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 Roberta's history and report that will guide my nursing care is her skin being cool to the touch as well as her having a pretty extensive GI related medical history and medication history of taking aspirin. Her skin being cool to the touch makes sense with her diagnosis of a GI bleed as she is losing fluid and electrolytes with this condition and this assessment finding could be indicative of possible hypovolemic shock. Thus, I will incorporate IV fluid and electrolyte replacement as part of my nursing care. Her GI history such as Peptic Ulcer Disease, Diverticulitis, and GERD allow me as a nurse to make sense of her current diagnosis because these underlying conditions could have been what lead to the GI bleed, such as an ulcer perforating through a major blood vessel for example. In addition, Aspirin is a blood thinner and a risk factor for GI bleeds, so her history**

of taking it drives my nursing care in that I would want to stop the medication because it could worsen the bleeding, and I would also give nothing by mouth. If the Aspirin was unable to be stopped, I would give her IV Tylenol instead because it is not an NSAID of which thin the blood. Known indications for GI bleed patients also include that I will collect a stool sample when she goes to test for occult blood, and continue to monitor her for decreased LOC, signs of shock, and her perfusion.

- What expectations do you have about the patient prior to caring for them? Explain. **Upon caring for Roberta, I expect that she will be in a lot of pain because of her GI bleed and will likely be guarding to her abdomen. It is also likely that Roberta will lose some weight over her time at the hospital because of her needing to be NPO to allow her bowel to rest before surgery if her condition escalates to that and because of her experiencing nausea, vomiting and loose stools. I also expect that there will be psychosocial concerns with Roberta's care, in that she will likely have many new decisions to think about and discuss such as the need for surgery and/or parenteral nutrition.**

- What previous knowledge do you have that will guide your expectations? Explain. **I have a previous experience in caring for GI bleed patients at work in knowing that because of the underlying condition these patients have that led to their GI bleed, a symptom that follows is loose stools. These patients may also be incontinent of their stools or have more exposed to their skin because of being bed rest for their GI bleed. Therefore, this drives my expectations in that Roberta will be at risk for skin breakdown which could lead to wounds and infection, so she may need barrier cream and/or assistance in getting herself cleaned good to ensure that she does not get severe skin breakdown. I also know that GI bleeds may cause not only loose stools but also vomiting, therefore I expect to keep her head of bed raised and closely monitor her respiratory status for signs of aspiration if she were to vomit.**

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? Define the diagnosis. **Roberta's admitting diagnosis is a Gastrointestinal bleed. A gastrointestinal bleed is defined as bleeding anywhere within the gastrointestinal system (small intestine, large intestine, stomach), caused by erosion of an ulcer through a major blood vessel or injury to a blood vessel in the GI system a different way.**

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
HGB 9.5 g/dl	Roberta's Hemoglobin is low because she has an active bleed and is therefore losing blood. Hemoglobin is the iron containing portion of

	RBCs, and with Roberta losing blood, fluid, and electrolytes she is prone to becoming anemic (iron deficient).
HCT 30.2%	Roberta's Hematocrit is low/below the reference range for normal values because she is losing blood through her stool and/or vomit due to her GI bleed. This would cause a drop in all blood cell amounts of a CBC.
Na 135	Roberta's sodium is slightly low because had been vomiting and having diarrhea for two days. This, as well as the GI bleed that it developed into, causes a loss of electrolytes and therefore her sodium is low.
K 3.4	Roberta's potassium is low from her vomiting, having diarrhea, and the GI bleed. Because of her losing fluid and blood from these things, she can become dehydrated and thus lose electrolytes as well, making her potassium a little low.
Glucose 122 mg/dL	Roberta's glucose level is elevated because her body is producing a stress reaction in response to the GI bleed that she is experiencing. Her endocrine system is trying to compensate for the blood lost, therefore raising her blood sugar initially. Roberta has a history of Diabetes Mellitus, contributing to this level.
PT 17 seconds	PT refers to the time it takes for clotting to occur. Being said, Roberta's PT is slow because she has an active bleed and is losing blood therefore not clotting as well. This increased loss of blood makes it harder for the blood to clot fast enough, so PT slows down.
PTT 90 seconds	Roberta's PTT is low because she is having inadequate clotting due to her GI bleed causing her to lose more blood.
INR 2.2	Roberta has a history of taking Aspirin which thins the blood. With this being said, her INR measures the time it takes the blood to clot and with her having an active bleed along with aspirin suppressing the clotting factor, INR is slower.

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

Diagnostic Testing	**Results of Diagnostic Testing (Use complete sentences.)**
N/A	N/A

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)**
Omeprazole 40mg PO daily	Antiulcer agent; proton pump inhibitor	Hx of PUD and GERD	Assess for occult blood in the stool, give before meals and do not crush, educate patient to take med for the entire course of therapy, even if feeling better
Metformin 500mg PO daily	Antidiabetic, biguanide	Pt has type 2 diabetes	Monitor serum glucose and A1c, give with meals to reduce GI effects, educate patient to take at the same time every day
Aspirin 325mg PO Q6H PRN	Antiplatelet, salicylate/ NSAID	Recurrent headaches, pt has history of migraine headaches	Assess location, type and intensity of pain before and an hour after administration, do not crush, instruct pt to take with a full glass of water
Phenergan 25mg IM Q6H PRN	Antiemetic, phenothiazine	Nausea and vomiting	Monitor for onset of extrapyramidal side effects (muscle spasms), administer deep into well-developed muscle, educate patient to change positions slowly
Morphine 2mg IV Q4H PRN	Opioid analgesic, opioid agonist	Pain r/t GI bleed	Assess LOC, bp, hr and rr, discontinue gradually to prevent withdrawal symptoms, educate patient to call for assistance when ambulating because of drowsiness