

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: _____ Lily Osborn _____

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.**

I noticed that the patient is having black tarry stool which could possibly mean that there is blood in her stool. I also noticed that for her headaches she is taking aspirin which loosens the blood and could make her GI bleed worse or could have caused the GI bleed to occur. Her right forearm has a SL IV and it stated that it is unremarkable so I am figuring that something is wrong with the IV whether it be infiltrated or something else that has gone wrong. Her prior history of Peptic ulcer disease, diverticulitis, GERD, smoking, and diabetes may have a major impact on what is going on with this patient. Hgb is low at 9.5 g/dL and Hct at 30.2% which could be caused by her black tarry stools and GI bleed. Her Sodium is a little low at 135 possibly from vomiting and losing to many electrolytes during vomiting as well as her potassium at 3.4. Her glucose is high at

122 possibly from her diabetes or a stress effect of the GI bleed. Then lastly her PT is high at 17 seconds, PTT high at 90 seconds, and her INR high at 2.2 which means that her blood is not coagulating the way that it should be.

- **What expectations do you have about the patient prior to caring for them? Explain.**
I expect the patient to be dehydrated because of them vomiting and there electrolytes that are a little low. I also expect her to look very pale, clammy, possible headache because of the dehydration. Then I also think that when we check the IV site that it is not going to look the best.
- **What previous knowledge do you have that will guide your expectations? Explain.**
My previous knowledge that I have is I learned that she is having nausea, vomiting, and black tarry stools that way I am not too concerned and know what to look for if it were to get worse. I know that she has a history of peptic ulcer disease, diverticulitis, and GERD which all have to do with in the GI tract that may help figure out what is going on further into the simulation. I also know that she just recently quit smoking and smoking irritates the stomach lining. Then with one of the most important factors would be that she takes aspirin daily which can be a major factor with peptic ulcer disease and gastritis.

Interpreting:

Interpret the following data:

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

The admitting diagnosis is GI bleed which means that there is bleeding somewhere in the GI tract. Which signs and symptoms of a GI bleed are bloody vomit, black tarry stool, and occult blood. Which she has black tarry stool and they are doing a lab for occult blood.

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 (low)	The hemoglobin is low because the body is losing blood during the GI bleed, and the black tarry stools.
Hct 30.2% (low)	The hemocrit is low because she has a GI bleed causing there to be less blood in her system.
Na 135 (low)	The sodium may be low because she is vomiting causing her to lose electrolytes.
K 3.4 (low)	With a low potassium it may be low because she is vomiting and having black tarry stools that cause her to loose those vitals electrolytes.
Glucose 122 (high)	The glucose is high for one she has diabetes, and this can be a stress response to how the body is reacting to the GI bleed.
PT 17 seconds (high)	PT being high shows a liver dysfunction, by her taking aspirin daily it causes platelets not being able to coagulate causing this to be high.

PTT 90 seconds(high)	PTT is high because she is taking aspirin daily which is a huge antiplatelet preventing the platelets from sticking together causing this to be high because they can't stick together.
INR 2.2 (high)	INR is high because aspirin that the patient takes causes a higher risk of bleeding and it becomes high when it notices there is a bleed and needs to coagulate.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
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)
Phenergan 25 mg IM q6h PRN	T: Antiemetics, antihistamine, sedative, hypnotic P: phenothiazines	Nausea and Vomiting	<ul style="list-style-type: none"> - Monitor change in LOC, disorientation, sedation, and confusion. - Monitor vital signs of pulse, BP, respirations to see if they become slow. - Assess patient for extrapyramidal side effects like muscle spasms.
Morphine 2 mg IV q4h PRN	T: opioid analgesics P: opioid agonists	Pain	<ul style="list-style-type: none"> - Assess LOC, BP, pulse, and respiratory rate prior to administration and while. - Prolonged usage can lead to physical and psychological dependence on the drug. - Assess for opioid

			addiction prior to giving this medication and after,
Omeprazole 40mg PO daily	T: antiulcer agents P: proton pump inhibitors	Peptic ulcer Disease	<ul style="list-style-type: none"> - Assess bowel movement for stool, with C. Difficile a major side affect. - Assess for epigastric or abdominal pain, occult blood in stool or emesis. - Monitor CBC levels like increased AST, ALT, alkaline phosphate, and bilirubin.
Metformin 500 mg PO daily	T: Antidiabetics P: biguanides	Diabetes Mellitus Type 2	<ul style="list-style-type: none"> - Observe for signs of hypoglycemia (abdominal pain, headaches, tremors) - Assess renal function to monitor for risk of renal impairment. - Temporarily d/c metformin if a patient is going to surgery involving NPO status.
Aspirin 325 mg PO q6h PRN	T: antiplatelet agents, antipyretics, nonopioid analgesics P: salicylates, nonsteroidal anti-inflammatory drugs nsaids	Reoccurring headaches	<ul style="list-style-type: none"> - High risk of epigastric distress, nausea, abdominal pain, and GI bleeding - Patients who have asthma, allergies, and nasal polyps are at higher risk of hypersensitivity. - Use lowest dose effective dose for shortest period of time.