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.
    - One critical factor within the patient's history/report given is the use of Aspirin every 6 hours for two weeks. The used of this medication combined with her history of PUD is questionable. Aspirin is a NSAID that can irritate the gastric mucosa and therefore increase the risk of GI Bleeding, especially with a known history of ulcers. This, along with the current signs of GI bleeding directly impacts the nursing care priorities within this situation.
- What expectations do you have about the patient prior to caring for them? Explain.
    - I expect for the patient to potentially be unstable or become unstable if the bleed worsens. Although current vital signs are stable, hemoglobin and hematocrit are significantly low with levels of 9.6 g/dl (hemoglobin) and 30.2% (hematocrit).

The labs indicate moderate blood loss resulting in a potential of fatigue, pallor, orthostatic hypotension, and the continuation of black tarry stools. Due to the elevation in PT, PTT, and INR it is also expected that the patient is at a higher risk for bleeding and would need to be closely monitored and put on fall precautions.

- What previous knowledge do you have that will guide your expectations? Explain.
    - From my knowledge of GI bleeds, I know that upper GI bleeding can lead to significant blood loss and shock if not managed properly. NSAIDs like aspirin are a signification risk factor for peptic ulcer-related bleeds. I also know from the patient's chart that the elevated INR and prolonged clotting times make the patient clotting ability compromised.

Interpreting:

Interpret the following data:

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

The patient's admitting diagnosis is a GI bleed with symptoms of nausea, vomiting, and black tarry stools. Gastrointestinal bleeds refer to any bleeding within the digestive tract from the esophagus to the rectum/anus. GI bleeds are typically differentiated by upper and lower with symptoms that include melena (black tarry stools), and hematochezia. Common causes of GI bleeds can include peptic ulcer disease, diverticulosis, and use of NSAIDs.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
HBG 9.5 g/dl	The expected range for an adult HGB level would be 12-16 g/dL (female). Values for hemoglobin are slightly lower in older adults. Rationale: The low hemoglobin indicates anemia caused by blood loss from the patient's current diagnosis of a GI bleed. Hemoglobin drops when the red blood cells are lost faster than they can be replaced.
HCT 30.2%	The expected range for a female hematocrit is 36-46% indicating that this patient's level is adequately low. Rationale: The decreased hematocrit reflects blood loss as well. Hematocrit measures the proportion of blood volume made up of red blood cells, which drops when a hemorrhage occurs.
Na 135	The normal level for sodium is 136-145 mEq/L indicating that this patient is slightly low. Rationale: Slightly below normal levels may be due to vomiting, fluid shifts, or dilutional effects from IV fluids, especially during acute illness.
K+ 3.4	The expected range 3.5-5 mEq/L which indicates a slightly low level.

	Rationale: Mild hypokalemia can result from vomiting, poor intake during illness, or shifts caused by stress or medications.
Glucose 122	The expected range for a fasting blood 70-100 mg/dL. Rationale: The mildly elevated glucose may be due to the patient's type 2 diabetes and a stress response to illness, which can trigger temporary hyperglycemia.
PT 17 seconds	The expected range for PT is 11.0-12.5 seconds. Rationale: This elevated PT suggests impaired blood clotting. It may result from aspirin use, which affects the clotting cascade, or from possible liver involvement or vitamin K deficiency. The patient does use aspirin and has a slight deficiency at this time.
PTT 90 seconds	Expected values for the PTT 60-90 seconds. Rationale: A prolonged PTT indicates delayed clotting, which increases bleeding risk. This could be due to the patient's use of aspirin and the antiplatelet effects, or a systemic coagulopathy.
INR 2.2	The expected range for the INR is 0.8-1.1 indicating that this patient's level is high. Rationale: An elevated INR means the blood takes longer to clot, increasing the risk of ongoing bleeding This may also be resulting from the aspirin use or other clotting dysfunctions.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)

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/ Prilosec and Losec	Antiulcer agents/PPI inhibitors	GERD, , reduction of risk of GI bleed in	-Monitor bowel function. Report diarrhea, abdominal cramping, fever, and

		critically ill patients	bloody stools to health care professional promptly as a sign of CDAD. May begin up to several weeks following cessation of therapy. -Advise patient to report onset of black, tarry stools; diarrhea; abdominal pain; or persistent headache to health care professional promptly -Instruct patient to take medication as directed for the full course of therapy, even if feeling better. Take missed doses as soon as remembered but not if almost time for next dose; do not double dose
Metformin/ Glucophage, Riomet	Antidiabetics/biguanides	Type 2 diabetes mellitus	-Patients whose blood sugar has been well controlled on metformin who develop illness or laboratory abnormalities should be assessed for ketoacidosis or lactic acidosis. Assess serum, electrolytes, ketones, glucose, and, if indicated, blood pH, lactate, and pyruvate levels -Patients stabilized on a regimen for diabetes who are exposed to stress, fever, trauma, infection, or surgery may require administration of insulin. Withhold

			metformin and reinstitute when oral intake has resumed, and renal function is normal -review signs of hypoglycemia ad hyperglycemia with patient. If hypoglycemia occurs, advise patient to take a glass or orange juice or 2-3 tsp of sugar, honey, or corn syrup dissolved in water, and notify HCP
Aspirin	Antiplatelet agents/ nonsteroidal anti-inflammatory drugs NSAIDs	Mild-moderate pain	-Monitor for signs and symptoms of DRESS (fever, rash, lymphadenopathy, facial swelling) periodically during therapy. Discontinue therapy if symptoms occur -Monitor for onset of tinnitus, headache, hyperventilation, agitation, mental confusion, lethargy, diarrhea, and sweating. If these symptoms appear, withhold medication and notify health care professional immediately, potential for toxicity and overdose -Instruct patient to take aspirin with a full glass of water and to remain in an upright position for 15-30 minutes after administration
Promethazine/ Phenergan	Antiemetics, antihistamines, sedative/hypnotics/phenothiazines	Treatment and prevention of	-Assess for anticholinergic effects (delirium, acute

		nausea and vomiting	confusion, dizziness, dry mouth, blurred vision, urinary retention, constipation, tachycardia) -Review dose schedule with patient. IF medication is ordered regularly and a dose is missed, take as soon as remembered unless time for next dose -Instruct patient to notify health care professional if sore throat, fever, jaundice, or uncontrolled movements are noted
Morphine	Opioid analgesic/opioid agonists	Severe pain	-Assess type, location, and intensity of pain prior to and 1 hour following PO, SUBQ and IM and 20 min following IV administration -Medication may cause drowsiness or dizziness. Advise patient to call for assistance when ambulating and to avoid driving or other activities that require alertness until response to the medication is known -Instruct patient on how and when to ask for pain medication, Do not stop taking without discussion with health care professional; may cause withdrawal symptom's if discontinued abruptly after prolonged use. Discuss safe use, risks,

			and proper storage and disposal of medication with patient and caregivers