

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: _____

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 she has been vomiting and has black tarry stools for the last 2 days. She has been taking Aspirin every 6 hours for the past 2 weeks for her headaches. She is pale and cool to touch. She also has an SL IV in her right forearm. She has a h/o peptic ulcer, diverticulitis, Gerd, smoking, and diabetes. Her Hgb is 9.5 g/dL which is low this may be from her GI bleed her HCT is 30.2 which is also low, and could be from her bleeding, her Na is 135 which is low and could be from vomiting and bleeding. Her K is 3.4 which is slightly low, again this could be from vomiting as she has lost some electrolytes over the past 2 days. Glucose levels are at 122 this could be elevated because her body is under a lot of stress right now. PT is high at 17 seconds, PTT is high at 90 seconds, and INR is high at 2.2**

- What expectations do you have about the patient prior to caring for them? Explain. **The expectations that I have for this patient are that she may be dehydrated from the loss of the blood which would increase her heart rate, with her glucose being high it could be a response from the GI bleed and being under a lot of stress. We may need to insert an NG tube, and initiate some fluids if she is going to be NPO.**
- What previous knowledge do you have that will guide your expectations? Explain. **Some knowledge that I have that will help guide my expectations is which HGB being low and her HCT she may eventually need some oxygen, will need to continue to monitor labs as Na and K were both low, but not critical. Glucose is high right now, but if she has to be NPO, (per the chart) then we may need to watch that she doesn't go hypoglycemic – will probably need to make sure we have some kind of IV solution on site. She has also been taking Aspirin a lot over the past 2 weeks which could indicate why she is bleeding possibly.**

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? **Admitting diagnosis is GI bleed and she is bleeding from somewhere. She has been showing signs of vomiting, nausea, and black tarry stools for the past 2 days which indicates a sign of a GI bleed. We yet need a specimen for occult Blood which could possibly indicate and come back positive which would correlate back to her GI bleed.**

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 L | Loss of blood due to her GI bleed |
| Hct 30.2 L | Due to loss of blood |
| Na 135 L | Due to vomiting over the past 2 days |
| K 3.4 L | Due to vomiting over the past 2 days |
| Glucose 122 H | From her diabetes- her body is under a lot of stress right now |
| PT 17 sec H | Use from aspirin maybe, some liver dysfunctions |
| PTT 90 sec H | Use of aspirin |
| INR 2.2 H | Aspirin thins blood, causing her to bleed more |

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

| Diagnostic Testing | Results of Diagnostic Testing (Use complete sentences.) |
|---------------------------|--|
| N/A | |
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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 4 mg PO daily | T: Antiulcer agents P: Proton Pump Inhibitor | Peptic Ulcer disease | Assess for epigastric or abdominal pain, occult blood in stool or emesis. Monitor CBC levels AST ALT, Alkaline phosphate, and bilirubin Assess bowel movement for stool, C-diff a major side effect |
| Metformin 500 mg PO daily | T: Antidiabetics P: biguanides | Diabetes Mellitus (2) | Assess renal function to monitor for renal impairment, observe for signs of hypoglycemia, abd. Pain, headaches and tremors. Temporarily discontinue metformin if a patient is scheduled for surgery |
| Aspirin 325 mg PO q6h PRN | T: Antiplatelet agents, antipyretics, nonopioid analgesics P: Salicylates, nonsteroidal anti-inflammatory drug NSAIDs | Headaches | High risk of epigastric distress, nausea, abd pain, and GI bleed, Patients who have asthma, allergies, and nasal polyps are at risk of hypersensitivity. Use lowest dose for a short period of time |
| Phenergan 25 mg IM q6h PRN for N/V | T: Antiemetics, antihistamine, sedative, hypnotic P: Phenothiazines | N/V | Monitor VS and watch for a decrease, assess patient for extrapyramidal side effects (muscle spasms etc), Monitor LOC, disorientation, sedations and confusion |
| Morphine 2 mg IV q4 as needed for pain | T: Opioid analgesics P: opioid agonists | Pain | Prolonged usage can lead to physical and psychological dependence on the drug Assess LOC, BP, Pulse, and |

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| | | | respiratory rate prior to administration and during/after |
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