

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: Sydney Fox

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 I noticed that my patient was diagnosed and admitted with a GI bleed. The patient was taking Aspirin 325mg PO for two weeks for a recurrent headache. With a GI bleed the patient should not be taking NSAIDs especially aspirin and ibuprofen as they irritate the gastrointestinal tract more. Tylenol is safe to use for GI bleeding patients.
- What expectations do you have about the patient prior to caring for them? Explain.
My expectation I have prior to caring for this patient is knowing that I am going to have to monitor vital signs closely especially blood pressure and pulse watching signs of shock. I also know the patient will need an NG tube to keep clear from secretions such as vomit and NPO to let the GI tract heal and rest. Encouraging splinting with coughing and deep breathing are important in preventing respiratory infection.

- What previous knowledge do you have that will guide your expectations? Explain.
The knowledge that I have that guided me to my expectations was the patient having nausea, vomiting and black tarry stools for the past two days which is a sign for a gastrointestinal bleed. Another point that helped me identify the GI bleed was that the patient skin was pale and cool to touch.

Interpreting:

Interpret the following data:

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

The patient’s admitting diagnosis is a gastrointestinal bleed. Gastrointestinal bleed is bleeding somewhere in the GI tract. A few side effects include melena which are black tarry stools, hematemesis: bloody vomit, and occult bleeding. A primary tool to diagnosis the source of bleeding is an EGD performed.

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	Hemoglobin was low, it can result from acute, or chronic blood loss such as gastrointestinal bleeding.
HCT 30.2%	Hematocrit was low and can indicate a decreased proportion of red blood cells in the blood and often mirrors the same causes as a low hemoglobin.
Na 135	Sodium can often be low from gastrointestinal loss such as vomiting, diarrhea, and nasogastric suction.
K 3.4	A low potassium level decrease intake or shifts of potassium into cells. Vomiting or nasogastric suction can lead to loss of gastric acids and secondary renal K ⁺ wasting.
Glucose 122	A high blood glucose level hyperglycemia occurs when serum glucose exceeds normal fasting levels. Impaired insulin secretion, insulin resistance, or increased glucose production.
PT 17 seconds	A high PT indicates a slower clotting process due to extrinsic or common coagulation pathways.
PTT 90 seconds	A high PTT indicates a delay in the intrinsic and common coagulation pathways.
INR 2.2	An elevated INR indicates that the blood is taking longer than normal to clot, specifically reflecting a PT.

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)
Omeprazole (Prilosec) 40mg PO	Therapeutic: antiulcer agents Pharmacologic: proton pump inhibitors	-Maintaining GERD - For duodenal ulcers	1. Assess patient routinely for epigastric pain or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate. 2. Monitor bowel function, report diarrhea, abdominal cramping, fever, and bloody stools to health care provider. 3. Advise patient to avoid alcohol, products containing aspirin or NSAIDs, and foods that may cause an increase in GI irritation.
Metformin (Glucophage) 500mg PO	Therapeutic: antidiabetics Pharmacologic: biguanides	-type 2 diabetes	1. Monitor serum glucose and A1C periodically during therapy to evaluate effectiveness of therapy. May cause false-positive results for urine ketones. 2. Administer metformin with meals to minimize GI effects. 3. Instruct patient to take metformin at the same time each day, as directed. Take missed doses as soon as possible unless almost time for next dose. Do not double dose.
Aspirin (Acetylsalicylic acid) 325mg PO	Therapeutic: Antiplatelet agents, antipyretics, nonopioid analgesics. Pharmacologic: Salicylates, nonsteroidal anti- inflammatory drugs NSAIDs	-Taking for migraine headaches -Should not be taking medication with the patient having GI bleed.	1. Assess pain and limitation of movement; note type, location, and intensity before and 60 min after administration. 2. Use lowest effective dose for the shortest period. 3. Instruct patient to take aspirin with a full glass of water and to remain in an upright position for 15-30 min after administration.

<p>Phenergan (Promethazine) 25mg IM</p>	<p>Therapeutic: Antiemetics, antihistamines, sedative/hypnotics Pharmacologic: Phenothiazines</p>	<p>-History of nausea and vomiting</p>	<p>1. Assess for fall risks. Drowsiness, orthostatic hypotension, and motor and sensory instability increase risk. Institute prevention if indicated. 2. Administer deep into well- developed muscle. SUBQ or inadvertent intra-arterial administration may cause severe tissue necrosis 3. Caution patient to avoid driving or other activities requiring alertness until response to medication is known.</p>
<p>Morphine (Zomorph) 2mg IV</p>	<p>Therapeutic: Opioid analgesics Pharmacologic: Opioid agonists</p>	<p>-For pain</p>	<p>1. Assess type, location, and intensity of pain prior to and 1 hour following PO, SUBQ, and IM and 20 min following IV administration. 2. Solution is colorless; do not administer discolored solution. 3. Medication may cause drowsiness or dizziness. Advise patient to call for assistance when ambulating and to avoid driving or other activities that require mental alertness until response to medication is known.</p>