

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.

Well, there are many factors that can have the highest impact on what is happening and what are the potential causes. Her history has a lot that can lead to her diagnosis which is a GI bleed. The medication she is taking for her headaches (Aspirin) that have been persistent for 2 weeks is concerning. She is a heavy smoker, smoking 2 pack/day, and has been doing that for 22 years. She also has a history of peptic ulcer disease, diverticulitis, GERD, migraines, and type 2 diabetes mellitus. Her lifestyle choice could be the ultimate factor to all these issues that are arising currently. The one thing that sticks out, is her Aspirin use because too much of that can lead to stomach ulcers, and that she has had before.

- What expectations do you have about the patient prior to caring for them? Explain.

I expect that patient to be in pain from the headaches, could be dehydrated, tired, could be showing signs of hypovolemic shock, and having abdominal pain. There could be hematemesis if the patient is vomiting and if the patient has had a BM, it could have bright red blood associated with it. She could also possibly show signs of shortness of breath.

- What previous knowledge do you have that will guide your expectations? Explain.

From class, I learned that the patient could have hematemesis (bloody vomitus), melena (black-tarry stool), and occult bleeding (hidden blood) associated with it. Their BP and HR should be assessed frequently as well as their respiratory status because with a bleed, their O2 levels could drop because of the lack of blood. We would want to check peripheral perfusion, so their pulses and capillary refill, and assess signs and symptoms of shock. VS should be done at least every 15-30 minutes and should also have an abdominal assessment performed. Their LOC should be assessed as well.

Interpreting:

Interpret the following data:

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

The patient was diagnosed with a GI bleed, also known as a gastrointestinal bleed. This is bleeding that can occur anywhere in the digestive tract, from the mouth to the rectum. Causes could come from a variety of things like, ulcers, cancer, and more. They find GI bleeds from an EGD and labs, looking at CBC, H&H, PT, PTT, INR, and vomit/stool samples.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
Hgb 9.5	Low hemoglobin could indicate that the patient has anemia. There could be many deficiencies that can lead to low hemoglobin levels like iron, VB12, blood loss, etc.
Hct 30.2%	This level is low as well and can also be a sign of anemia associated with bleeding, nutrition, and not enough RBC production.
Na 135	Her sodium level is not extremely low, but if it were to drop lower than that, she could start experiencing side effects. Those include, confusion, muscle weakness, nausea, and in more severe cases seizures.
K 3.4	While her potassium level is not critically low, it is still low and that requires monitoring her levels and potentially modifying nutrition. Symptoms are not easily noticed but can be muscle weakness, fatigue, muscle cramps, and irregular heart rhythms.
Glucose 122	Her glucose level is slightly elevated and that could be due to being

	NPO, her stress response to the GI bleed, her medications, and she could be dehydrated. Metformin is used to lower glucose levels, but she could have missed a dose due to the nausea and vomiting. Aspirin could also play into effect because it can interfere with glucose metabolism and affect insulin sensitivity.
PT 17 seconds	This is part of the liver enzymes along with PTT and INR that show the clotting factor and how it's working. It is likely due to impaired clotting from a combination of her GI bleed and aspirin use, increasing her risk for continued bleeding.
PTT 90 seconds	It is significantly elevated and can suggest a serious clotting abnormality that may be due to liver dysfunction, clotting factor deficiency, and it greatly increases that risk for uncontrolled bleeding.
INR 2.2	This shows impaired blood clotting, which combined with her GI bleed suggests an increased risk for continued bleeding, maybe due to liver dysfunction and the combined effects of aspirin.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Stool specimen	Will need to be obtained when possible.

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)	-Antiulcer agent / -Proton pump inhibitor	- GERD/ maintenance of healing in erosive esophagitis, duodenal ulcers, reduction of risk of GI bleeding in critically ill patients.	-Assess patient routinely for epigastric or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate. -Administer doses before meals, preferably in the morning. -Take medication as directed for the full course of therapy,

			even if feeling better. May cause dizziness and drowsiness.
Metformin (Glucophage)	-Antidiabetic -Biguanides	-Type 2 diabetes	-Patients whose blood sugar has been well controlled on metformin who develop illness or laboratory abnormalities should be assessed for ketoacidosis or lactic acidosis. -Hold before or at the time of studies requiring IV administration of iodinated contrast media and for 48 hours after study. -Take at same time each day as directed and do not double doses.
Aspirin (Ecotrin)	-Antiplatelet agents, antipyretics, nonopioid analgesics -Salicylates, NSAIDS	-Inflammatory disorders, mild to moderate pain, fever	-Monitor for s/s of DRESS (fever, rash, lymphadenopathy, facial swelling) periodically during therapy. Discontinue if this occurs. -Administer after meals or with food or an antacid to minimize gastric irritation. -Take with a full glass of water and to remain in an upright position for 15-30 min after administration.
Phenergan (Promethazine)	-Antiemetic, antihistamine, sedative/hypnotics -Phenothiazines	-Treatment and prevention of nausea and vomiting	-Monitor BP, pulse, and RR frequently in patients receiving IV doses. -Assess for fall risk; drowsiness, orthostatic hypotension, and motor and sensory instability increase risk. -Advise patient that frequent mouth rinses, good oral hygiene, and sugarless gum or candy to decrease dry mouth.
Morphine	-Opioid analgesic -Opioid agonists	-Severe pain	Assess type, location, intensity of pain prior to and 1 hour after. Assess LOC, BP, HR, and RR before and periodically during administration. Explain purpose and side

			effects to patient. Instruct them to take medication as directed.