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.
    - The patient has a GI bleed and has a history of many GI issues: peptic ulcers, diverticulitis and GERD. I noticed that the patient has been taking aspirin religiously for the bast 2 weeks for headaches, I will have to educate the patient on her use of aspirin/ NSAIDS as a pain reliever. With her having this history taking aspirin helped lead to this bleed.
    - I will assess the patient for any additional bleeding. Signs of this would be more coffee ground emesis or bright red blood. If there is bright red blood the bleed would be active.
    - I also anticipate the patient needs blood; however this is something we have not learned yet and we cannot do during this simulation.

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- What expectations do you have about the patient prior to caring for them? Explain.
  - I expect the patient to continue bleeding and vomiting. A NG tube is possibly needed for vomiting and better visualization for a possible GI bleed. I also expect with the patient still bleeding that it could possibly get worse, and the patient might need surgery, colonoscopy, or EGD.
- What previous knowledge do you have that will guide your expectations? Explain.
  - The previous knowledge I have is the education I need to complete with the patient. On medications such as NSAIDS and the timing of omeprazole, if she is taking it at 30 minutes to an hour before meals like she should be.
  - I am expecting to place an NG tube as well as the patient continuing to bleed (more coffee ground emesis), and for the patient to get or need blood.

Interpreting:

Interpret the following data:

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

- GI bleed, the patient is bleeding somewhere in the gastrointestinal tract. Possibly an upper bleed because of the black/tarry stools.

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	Low from the patient has had a GI bleed for 2 days and aspirin use.
HCT- 30.2% L	Low from the patient has had a GI bleed for 2 days and aspirin use.
NA- 135 L	Low from loss of fluids while vomiting/ bleeding.
K- 3.4 L	Low from loss of fluids while vomiting/ bleeding.
Glucose- 122	The patient has type 2 diabetes causing this to be high.
PT- 17 sec. H	The patient's blood is taking longer to form blood clots. This is high because of the bleeding and aspirin use.
PTT- 90 sec. H	The patient's blood is taking longer to form blood clots. This is high because of the bleeding and aspirin use.
INR- 2.2 H	The patient's blood is taking longer to form blood clots. This is high because of the bleeding and aspirin use.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Stool specimen for occult blood	There are no results to this, however this test is to assess for blood granules in the stool that are or are not seen to the naked eye. If positive this indicates bleeding in the digestive tract.

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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	Antiulcer agent: PPI	GERD/ gastric ulcer	Assess: GI/bowel function, gastric pain, bleeding Education: report s/s of GI bleeding
Metformin	antidiabetics	Type 2 diabetes	Assess: s/s of hypoglycemia, monitor A1C, renal function Education: monitor blood sugars AC/HS, administer insulin as needed, A1C as well
Aspirin	Antiplatelet/ nonopioid analgesic NSAID	Pain	Education: may cause bleeding, if overusing this med talk with HCP for better pain management Assess: pain, hepatic function, and toxicity overdose
Phenergan	Animetics, antihistamines, sedative/ hypnotics	Nausea/ vomiting Preoperative sedation	Assess: BP, HR, RR frequently, level of sedation, nausea/ vomiting, fall risk, extrapyramidal side effects: muscle spasms, rigidity, spasms, drooling, shuffling gait
Morphine	Opioid analgesic	Pain	Assess: pain, constipation, level of consciousness, vitals: RR, Sp02, HR, BP