

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: _____ Seth Linder _____

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.

Something I noticed from the patient's history is nausea, vomiting, and black tarry stools for the past two days. The black and tarry stool indicates the patient possibly has a GI bleed. I will further assess the patients' symptoms and vital signs, and report to the health care provider if there is anything abnormal. I will also teach the patient that they should not be taking that much aspirin, which will put them at risk of causing a GI ulcer. I also noticed the patient is a type 2 diabetic and she is obese. I will ask the patient how well they are at controlling their blood sugar and take a FSBS. The patients' symptoms of a headache with cool skin are a sign of hypoglycemia. If the patient is hypoglycemic I will be sure to administer the prescribed amount of insulin.

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

My expectations of the patient are that they will need education on their type 2 diabetes diagnosis as well as their at home medications. They are showing signs of hypoglycemia, and they have been diagnosed with a GI bleed, which is most likely from taking Aspirin for an extended amount of time. The patients Hgb and Hct indicate she could possibly have an active GI bleed which I will be sure to assess right away.

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

Previous knowledge that I have is that aspirin can cause GI ulcers, and the patient has a history of ulcers. I would recommend that the patient stop taking the aspirin immediately. Based on her black tarry stool, I would suggest that the patient may have an upper GI bleed, and with the Hgb and Hct being low, this is a sign of active bleeding. The patients INR, PTT, and PT are elevated which shows the patient is having delayed clotting, which can also contribute to an active GI bleed.

Interpreting:

Interpret the following data:

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

The patient's admitting diagnosis is a GI bleed. This bleed can be anywhere in the upper or lower gastrointestinal tract. Signs and symptoms of a GI bleed would be black and tarry stool, vomiting blood, low Hbg and Hct levels, and pale or cool skin.

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)	A sign of anemia, likely from blood loss.
HCT- 30.2% (L)	A sign of active bleeding.
Na- 135 (L)	Electrolyte loss from vomiting.
K- 3.4 (L)	Electrolyte loss from vomiting.
PT- 17 seconds (H)	Decreased clotting time due to taking aspirin.
PTT- 90 seconds (H)	Impaired blood clotting from taking aspirin.
INR- 2.2 (H)	Prolonged clotting possibly from taking aspirin.
Glucose- 122 (H)	Elevated due to stress from the GI bleed.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Occult Blood Test	Results are pending.
CBC with DIFF	Hct and Hgb levels low.
CMP	Na, K, and glucose levels abnormal.
Coags	PT, PTT, and INR levels abnormal.

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)
Generic: Aspirin Trade: Bayer	Therapeutic: Antipyretic, non-opioid analgesic Pharmacologic: Salicylate	Pain relief and anti-inflammatory	<ol style="list-style-type: none"> 1. Monitor for signs of GI bleeding. 2. Assess pain level and response to medication. 3. Educate to avoid taking with other NSAIDs.
Generic: Metformin Trade: Glucophage	Therapeutic: Antidiabetic agent Pharmacologic: Biguanide	Management of type 2 diabetes.	<ol style="list-style-type: none"> 1. Monitor FSBS and A1C levels. 2. Educate to take with meals and at the same time daily. 3. Monitor for side effects such as nausea, vomiting, and bloating.
Generic: Omeprazole Trade: Prilosec	Therapeutic: Antiulcer agent Pharmacologic: Proton Pump Inhibitor	Peptic ulcer disease.	<ol style="list-style-type: none"> 1. Administer before meals. 2. Monitor for improvement of GI symptoms. 3. Educate the patient to avoid NSAIDs.
Generic: Promethazine Trade:	Therapeutic: Antiemetic Pharmacologic:	Nausea and vomiting	<ol style="list-style-type: none"> 1. Assess nausea and vomiting. 2. Monitor respiratory status.

Phenergan	Phenothiazine		3. Avoid administering intra-arterially.
Generic: Morphine	Therapeutic: Opioid analgesic	Moderate to severe pain	1. Monitor respiratory rate and LOC.
Trade: Duramorph	Pharmacologic: Opioid agonist		2. Assess pain before and 30-60 minutes after administration.
			3. Monitor bowel function.