

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.
 - **I noticed in the patient is diagnosed with a GI bleed and has a past medical history of peptic ulcer disease, diverticulitis, and GERD. After reviewing their labs, I noticed that her hemoglobin, and hematocrit were low due to her GI bleed, and her PT, PTT, and INR were high. Which can mean that she is more susceptible to getting a blood clot. I also noticed she takes aspirin every 6 hours for her headaches which can thin the blood and make her more susceptible to bleeding. Her sodium and potassium were a little low and this could be from her vomiting and having loose stools.**

- What expectations do you have about the patient prior to caring for them? Explain.
 - **I would expect the patient to be fatigued due to blood loss, and I would also expect her to have pale cool skin as stated in the report. Her skin would be pale due to the anemia. I would expect her to be hypotensive and have an increased heart rate and cool skin due to hypovolemic shock. She may have some abdominal pain if the GI bleed is related to her peptic ulcer disease. I would also expect the patient to become hypoglycemic due to them having type 2 diabetes and her also having vomiting and diarrhea.**

- What previous knowledge do you have that will guide your expectations? Explain.
 - **After learning about GI bleeds in class I know that risk factors for a GI bleed include the use of NSAID's smoking and having a history of peptic ulcer disease or a history of diverticulitis. This information helps guide me because this patient check all of those risk factors. We also learned the signs of hypovolemic shock which is a loss of blood or fluid from the body. After looking at this patient's vital signs she has a lower BP and a higher heart rate which could indicate shock. We also learned that pale skin is a sign of anemia which helps me guide towards some type of bleeding issue.**

Interpreting:

Interpret the following data:

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

The patient's diagnosis is a GI bleed. A GI bleed is defined as a gastrointestinal bleed that occurs in the GI tract due to ulcers, inflammation, or some serious conditions like cancer or a bowel perforation.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
HGB- 9.5	This low blood count can be due to the loss of blood from the GI bleed.
HCT-30.2	This low hematocrit level is due to the loss of HBG in the body and she has a past medical history of GI ulcers and black tarry stools.
NA- 135	The sodium is a little low due to loss of fluid volume in the body.
K- 3.4	The potassium level is low due to her vomiting and stools over the past few days.
Glucose- 122	There glucose is a little elevated sue to their diagnosis of type 2 diabetes.
PT- 17 seconds	High prothrombin time levels can indicate that the patient will

	continue to bleed because they can't form a clot. Her excessive use of aspirin thins the blood and impacts all of the coagulation labs.
PTT- 90 seconds	High PTT also indicates that the patient will not be able to form a clot to stop the bleeding.
INR- 2.2	A high INR level may make it more difficult to stop the bleed due to the inability to form a clot.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Stool specimen for occult blood	The doctor wants to obtain an occult blood stool sample to make sure there is no hidden blood in the stool. This will help them gauge how much blood has been lost. There are no current results.

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)	Proton pump inhibitor / antiulcer agent	GERD/ peptic ulcer disease	Assess for epigastric or abdominal pain. Monitor bowel function. Report diarrhea abdominal cramping and bloody stools.
Metformin (Glucophage)	Antidiabetic/ biguanides	Type 2 diabetes	Assess for ketoacidosis. Monitor serum glucose and A1C. Assess renal function before starting and periodically throughout.
Aspirin (Bayer aspirin)	Antiplatelet agents, antipyretics, nonopioid analgesics/ salicylates.	Migraine headaches	Assess pain and limitation of movement. Assess for fever and tachycardia. Assess for bleeding as it can cause prolonged bleeding time.
Phenergan (Promethgan)	Antiemetics, antihistamines,	History of vomiting	Monitor blood pressure, pulse, and respirations. Assess for

	sedatives, hypotonics/ phenothiazines		nausea and vomiting before administration and after. Assess for fall risk due to drowsiness.
Morphine (Duramorph)	Opioid analgesic/ opioid agonist	Pain	Assess level of consciousness ad vital signs. Assess for respiratory depression. Assess bowel function routinely.