Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

**Simulation Prebriefing**

**Name:** Malone Phillips

***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 that I noticed from the patient's history and report is Roberta's diagnosis of a GI bleed. Looking at her levels, the hemoglobin and hematocrit are abnormally low which is due to the bleeding. There is a chance that Roberta may be experiencing hypovolemic shock due to her pale and cool skin, nausea, and vomiting. I will be sure to monitor and assess for any other symptoms to guide my nursing care.

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

  After learning more about the patient's history and report, I can expect to prepare for diagnostic procedures to help identify the source of the bleeding. There is an order from

the physician to obtain a stool specimen to check for occult blood. There is a chance that the patient may experience shock, so it will be critical to check for signs. There may be a potential need for administering IV fluids or blood transfusions depending on the amount of blood loss. I will have to monitor and provide nursing interventions immediately to prevent any life-threatening complications from occurring.

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

  An upper GI bleed is suspected because Roberta is experiencing black, tarry stools. With this information and prior knowledge, I am going to monitor her BUN and creatinine levels. If they are elevated, that can suggest that an upper GI bleed is occurring. However, we will obtain a stool specimen to check for occult blood. I also know that Roberta has been taking aspirin (NSAID) for her recurring headaches for the past two weeks. This medication can interfere with the bloods ability to form clots and worsen the bleeding.

**Interpreting**:

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

The patient's admitting diagnosis is a GI bleed. This diagnosis refers to bleeding within the gastrointestinal (GI) tract. The GI tract extends from the mouth to the anus, including organs such as the esophagus, stomach, small intestine, and large intestine. This diagnosis requires immediate medical attention and is life-threatening.

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

| Abnormal Lab Values | Rationale for Abnormal Lab Values (Use complete sentences.) |
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| HGB – 9.5 g/dl | A low hemoglobin (HGB) level can indicate that the body does not have enough red blood cells, or they aren't functioning correctly, leading to reduced oxygen delivery to tissues and organs. A possible cause of the abnormal level could be due to blood loss. Hemoglobin and hematocrit levels can possibly indicate GI bleed. |
| HCT – 30.2% | A low hematocrit (HCT) indicates a lower percentage of red blood cells in the blood leading to reduced oxygen-carrying capacity. This can be caused by blood loss. Hemoglobin and hematocrit levels can indicate GI bleed but also other factors as well. |
| Na - 135 | A low sodium (Na) level occurs when there is an imbalance between sodium and water in the body. This can be due to various factors including dehydration, excessive water intake, and use of |

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| | certain medications. |
| K – 3.4 | A low potassium (K) level can be due to Roberta's nonrenal loss through being nauseous and vomiting for the past two days. |
| Glucose - 122 | This high glucose level indicates hyperglycemia. This is due to Roberta's medical history of Diabetes Mellitus (Type 2). |
| PT – 17 seconds | An elevated PT (Prothrombin time) indicates a coagulation issue, meaning that it takes longer for the blood to clot. A possible factor is due to vitamin K deficiency. |
| PTT – 90 seconds | An elevated PTT (Partial Thromboplastin Time) indicates an issue in the blood's ability to clot properly. Roberta's lower potassium levels can be a factor. |
| INR – 2.2 | An elevated INR (International Normalized Ratio) can indicate that there is a higher risk for bleeding since the blood is clotting more slowly than desired. A decrease in intake of vitamin K foods can increase INR since it is essential of certain clotting factors. |

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

| Diagnostic Testing | Results of Diagnostic Testing (Use complete sentences.) |
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| N/A | 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) |
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| Omeprazole (Prilosec) | **Therapeutic:** Antiulcer agent **Pharmacologic:** Proton pump inhibitors | Treats GERD, diminishes accumulation of acid in the gastric lumen with lessened gastroesophageal reflux, and heals duodenal ulcers | • Assess patient routinely for epigastric or abdominal pain and frank or occult blood in the stool, emesis, or gastric aspirate.<br>• Administer doses before meals, preferably in the morning.<br>• Advise patient to avoid alcohol, products containing aspirin or NSAIDs, and foods that may cause ana increase in GI irritation. |
| Metformin | **Therapeutic:** | Treats Diabetes | • Observe for signs and |

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| (Glucophage) | Antidiabetics<br>**Pharmacologic:**<br>Biguanides | Mellitus (Type 2) by the maintenance of blood glucose | symptoms of hypoglycemic reactions (abdominal pain, sweating, hunger, weakness, dizziness, headache, tremor, tachycardia, and anxiety).<br>• Administer metformin with meals to minimize GI effects.<br>• Inform patient that metformin may cause an unpleasant or metallic taste that usually resolves spontaneously. |
| Salicylic Acid (Aspirin) | **Therapeutic:**<br>Antiplatelet agents, antipyretics, nonopioid analgesics<br>**Pharmacologic:**<br>Salicylates | Produce analgesia for relief of recurrent headaches | • Assess pain and limitation of movement; note type, location, and intensity before and 60 minutes after administration.<br>• Administer after meals or with food or an antacid to minimize gastric irritation.<br>• Instruct the patient to take aspirin with a full glass of water and to remain in an upright position for 15-30 minutes after administration. |
| Phenergan (Promethazine) | **Therapeutic:**<br>Antiemetics, antihistamines, sedative/hypnotics<br>**Pharmacologic:**<br>Phenothiazines | Treatment and prevention of nausea and vomiting | • Monitor patient for extrapyramidal side effects (restlessness, muscle spasms, twisting motions, rigidity, tremors, drooling, shuffling gait, and dysphagia).<br>• Administer with food, water, or milk to minimize GI irritation. Tablets may be crushed and mixed with food or |

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| | | | fluids for patients with difficulty swallowing.<br>• May cause drowsiness. Caution patient to avoid driving or other activities requiring mental alertness until response to medication is known. |
| Morphine (Roxanol) | **Therapeutic:** Opioid analgesics<br>**Pharmacologic:** Opioid agonists | Decrease in severity of pain | • Prolonged use may lead to physical and psychological dependence and tolerance.<br>• Morphine should be discontinued gradually to prevent withdrawal symptoms after long-term use.<br>• May cause drowsiness or dizziness. Caution patient to call for assistance when ambulating or smoking and to avoid driving or other activities requiring alertness until response to medication is known. |