Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name: Nevaeh Walton

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 that will guide my nursing care is her use of aspirin with her medical history of peptic ulcer disease. Since aspirin is a NSAID, it can irritate the gastric lining when misused, especially with her history of peptic ulcer disease. This most likely lead to her presenting with nausea and vomiting as well as black tarry stools for the past 2 days.**
- What expectations do you have about the patient prior to caring for them? Explain.
    - **I expect the need for education especially in regards to the overuse of aspirin. I will educate on different pain medications to take or different coping mechanisms. I also expect potential complications such as worsening bleeding or**

signs of hypovolemia because of her pale, cool skin. I will have to carefully monitor her vitals.

- What previous knowledge do you have that will guide your expectations? Explain.
    - **I know she has a G.I bleed and a low hemoglobin and hematocrit meaning that she may continue to lose blood, so I'll watch for anemia signs such as fatigue, hypotension, dizziness, and tachycardia. This, in combination with her pale, cool skin, can be a sign of early hypovolemia so I'll watch for worsening perfusion. Since she is also a type two diabetic, I also expect the need for glucose control.**

Interpreting:

Interpret the following data:

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

-Diagnosis: G.I. Bleed. This is the loss of blood from somewhere in the patient's digestive tract. For this patient the bleed is most likely an upper G.I. bleed because of her black tarry stools, history of peptic ulcer disease, and overuse of aspirin, which can irritate her stomach lining.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
Hemoglobin (9.5)	Can be a sign of anemia, due to her blood loss from her G.I. bleed. G.I. bleeding decreases red blood cell count as it goes on.
Hematocrit (30.2%)	Also shows significant sign of anemia from blood loss. This value will continue to drop as blood is lost.
INR (2.2)	Shows an impaired clotting ability. This is likely cause be her chronic aspirin, which impairs clotting.
PT (17 seconds)	This shows delayed blood clotting, which, along with INR, also indicates prolonged bleeding time.
PTT (90 seconds)	This indicates deficiency of clotting factors, possibly from aspirin use or her vitamin K deficiency. This increases her risk of hemorrhaging.
Sodium (135)	This can be caused from her vomiting and G.I. losses.
Glucose (122)	This may be seen in type two diabetes during times of stress, such as hospital visits. Her glucose will need to be monitored.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)

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)
G=Omeprazole T= Prilosec	T=antiulcer agents P=proton pump inhibitors	Duodenal ulcers, GERD	1. Assess patient for epigastric or abdominal pain or occult blood in stool, emesis, or gastric aspirate. 2. Monitor bowel function. Report diarrhea, fever, and bloody stools. 3. Take before meal, and swallow capsules whole.
G=Metformin T=Glucophage	T=antidiabetics P=biguanides	Type two diabetes	1. Monitor blood glucose periodically to evaluate effectiveness. 2. Temporarily discontinue if going into surgery that requires restricted intake of food and fluids. 3. To minimize any G.I. effects, you should take this with meals.
G=Aspirin T=Zorprin	T=antiplatelet agents, nonopioid analgesics P=nonsteroidal anti-inflammatory drugs nsaids	Migraine headaches	1. Monitor for signs of DRESS, such as fever, rash, lymphadenopathy, and facial swelling.

2025