Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Simulation Prebriefing

Name:___Bri Dobias_____

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 I noticed from the patient's report that will guide my initial nursing care is the presence of black, tarry stools, her pale, cool skin, and the large amount of aspirin she has been taking. Because of this information, I am concerned that this patient is experiencing internal bleeding in their GI tract. The black, tarry stools suggest old blood, and her pale, cool skin suggests blood loss. Because of this information, I can guide my nursing care to
  Great thought process. Is there any diagnostics or history that further help you support this conclusion? KA
- What expectations do you have about the patient prior to caring for them? Explain.
  One expectation I have about this patient, prior to caring for them is, their BP may drop significantly due to blood loss. I also expect that this patient may be experiencing

complications from peptic ulcer disease or diverticulitis. These two diagnoses from the patient's history can have complications that lead to a GI bleed such as perforation and hemorrhage. Outside of hypotension what other signs and symptoms might you expect to find if the patient is having significant blood loss? KA

- What previous knowledge do you have that will guide your expectations? Explain. Previous knowledge that will guide my expectations includes the knowledge that taking NSAIDs for long periods of time can cause stomach ulcers, GI bleeds, and thin the blood which makes any bleeds much worse. I also know that a rupture from diverticulitis is extremely dangerous and has a high incidence of infection which can cause further complications. GI bleeds are also known to progress very quickly which means this patient needs to be monitored frequently to make sure they do not decline. Great use of previous knowledge to anticipant potential concerns and complications to monitor your patient for. KA

Interpreting:

Interpret the following data:

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

The patient's admitting diagnosis is a GI bleed which means that somewhere in the digestive tract, there is an area that is bleeding.

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	The patient's Hgb level of 9.5 g/dl is considered low because the normal range for Hgb is 14-17.5 g/dl. A potential cause for a low Hgb level is from blood loss due to the patient's GI bleed.
Hct 30.2 %	The patient's hct level of 30.2% is considered low because the normal range for hct is 41.5%-50.4%. A potential cause for a low hct level is from blood loss due to the patient's GI bleed.
K 3.4	The patient's K level of 3.4 is considered low because the normal range for K is 3.5-5.1. The patient's low potassium level may be due to excessive vomiting.
Glucose 122	The patient's glucose level of 122 is considered high because the normal range for glucose is 60-100. While glucose level of 122 is not very concerning, a possible cause for high glucose for this patient may be related to their history of diabetes.
PT 17 seconds	The patient's PT of 17 seconds is considered high because the normal range for PT is 11-12.5 seconds. A high PT level may be

	related to the patient taking an excessive amount of aspirin for the past couple of weeks as aspirin is an antiplatelet agent.
PTT 90 seconds	The patient's PTT of 90 seconds is considered high because the normal rang for PTT is 60-70 seconds. A high PTT level may be related to the patient taking an excessive amount of aspirin for the past couple of weeks as aspirin is an antiplatelet agent.
INR 2.2	The patient's INR of 2.2 is considered high because the normal range for INR is 0.8-1.1. A high INR level may be related to the patient taking an excessive amount of aspirin for the past couple of weeks as aspirin is an antiplatelet agent.
Na 135	The patient's Na level of 135 meq-L is considered low because the normal range of Na is 136-145 meq/L. A Na level of 135 is just barely considered low but a potential cause for this may be due to vomiting and diarrhea.

Please analyze the diagnostics. Do not just state they are high are low. What are potential causes for them to being high or low?

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

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

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)	Antiulcer agent, Proton pump inhibitor	Hx of GERD	1) Monitor calcium, potassium, and magnesium levels. 2.)Educate patient to consume adequate calcium and vitamin D. 3.)Educate patient to avoid alcohol, NSAIDs and foods that may cause GI irritation
Metformin	Antidiabetic,	DM type 2	1.) Monitor for lactic

(Glucophage)	Biguanide		acidosis. 2.) Educate patient to have their A1C, folic acid, and vitamin B12 checked regularly. 3.) Monitor glucose levels
Aspirin (Bayer Aspirin)	Antiplatelet agent, antipyretic, nonopioid analgesics; Salicylate, NSAID	Recurrent headache pain	1.) Avoid use with bleeding disorders, hx of GI bleeds or ulcer disease 2.) Avoid long-term use and use lowest dose possible to avoid GI irritation or bleeds 3.) Educate patient to report black, tarry stools or bruising
Promethazine (Phenergan)	Antiemetic, antihistamine, sedative/ hypnotic; Phenothiazine	Nausea and vomiting	1.) Monitor for confusion, disorientation and sedation. 2.) Monitor for bradycardia, hypotension and tachycardia 3.) Administer with food, water or milk to avoid GI irritation
Morphine (Duramorph)	Opioid analgesic; Opioid agonist	Pain	1.) Assess and monitor for respiratory depression, hypotension, confusion and sedation 2.) Use caution with older adults because they may be more sensitive to this medication 3.) Educate patient to change positions slowly to avoid dizziness

Hi Bri, you did a wonderful job responding to the majority of questions. You are receiving a U for your prebrief related to not analyzing the lab data. Please complete the lab section again and state why you think each value is low and high versus just that they are low or high. Please

complete this and submit your corrected prebrief by Sunday at 1200. If you have any questions please let me know. KA