Firelands Regional Medical Center

School of Nursing

Student Developed Simulation Scenarios

Directions: Students will be required to develop a scenario on a chosen topic related to the Maternal Child Nursing content taught throughout the semester. Faculty will be implementing the student developed scenarios on the day of the scheduled simulation. Students will be expected to perform a scenario in the simulation center that was developed by one of their classmates on the day of the simulation. Students will sign up to be in a group of 3-4 to develop a simulation scenario on the assigned topics. Please only include skills in the scenario that students have been taught in the curriculum already.

The scenario should be should be roughly 15 minutes in length. Students should use the attached storyboard and patient chart to develop their scenario. The group will need to submit the completed storyboard by **October 27, 2025 by start of class** via the Student Developed Scenarios dropbox. You are required to wear your student uniform the day of the simulation. A group meeting to discuss how to write the scenario will be with your assigned faculty at the beginning of the semester on **September 8, 2025**. The first page of the Student Developed Scenario document will be due at the beginning of class in the Student Developed Scenarios Dropbox on **October 6, 2025**. The faculty will review the first page of the document and then contact you for a mid-semester checkpoint to discuss the progress of the scenario and answer any questions the group may have for the simulation. You should not proceed with completing the remainder of the document until contacted by your assigned faculty and given approval to continue onto the next step. Each group will be required to attend a facilitator meeting on **November 10, 2025** with either Kelly or Monica. This meeting will be to discuss the expectations and execution of your scenarios for the day of simulation. See the schedule for the time assigned to your group for both required meetings.

Students will vote on the best Student Developed Scenario and the chosen team will receive a prize.

During the debriefing process students will be expected to provide constructive feedback to their fellow students. Please be kind and considerate. Remember this is constructive feedback and not criticism. All students are expected to actively participate in the group debriefing.

The activity requirements and grading rubric are below. To be satisfactory for this experience you will need to score at least 77%. For any student not attending the day of simulation, credit will not be granted for the simulation time and will follow the Student Accountability Flow Sheet. This experience is worth 4 hours of simulation. Remember any missed simulation time needs to be made up hour for hour.

	Student Developed Simulation Scenario Rubric	**Points**	**Total**
1	In your group, develop a simulation scenario related to the assigned topic.	7	
2	Develop 2 questions to ask in debriefing related to your developed scenario. Questions should be specific and not simply what did you do well and how could you improve.	7	
3	Develop 2 questions NCLEX style questions with rationale related to the content in your developed scenario.	7	
4	Be creative and highlight the essential information to know about the assigned topic on the storyboard.	8	
5	Incorporate the core values of caring, diversity, excellence, integrity, and “ACE”- attitude, commitment, and enthusiasm throughout the group process.	8	
6	Complete initial meeting with assigned faculty on **September 8, 2025**.	10	
7	Page 1 of the document to Dropbox by 0800 on **October 6, 2025** and have mid-semester checkpoint with	10	

	faculty.		
8	Completed Storyboard submitted to the Student Develop Simulation Scenarios Dropbox on Edvance360 by **October 27, 2025 at start of class.**	10	
9	Complete facilitator meeting on **November 10, 2025**.	10	
10	Actively participates throughout the entire process (Development/day of simulation) including being present on the day of the Student Developed Scenarios **November 18, 2025**.	23	
	Total	100	

Schedule for Meetings on September 8, 2025

Time	Group	Faculty
1215-1245	**Gestational Diabetes**	**Monica**
	Pneumonia	**Rachel**
	Traumatic Brain Injury	**Brian**
	Newborn Hyperbilirubinemia	**Kelly**
1245-1315	**Preeclampsia**	**Monica**
	Sickle Cell Anemia	**Brian**
	Newborn Hypoglycemia	**Kelly**
	Communicable Disease	**Rachel**
1315-1345	**Uncomplicated Delivery**	**Monica**
	Glomerulonephritis	**Brian**

Schedule for Meetings on November 10, 2025

Time	Group	Faculty
1245-1300	**Gestational Diabetes**	**Monica**
	Pneumonia	**Kelly**
1300-1315	**Preeclampsia**	**Monica**
	Traumatic Brain Injury	**Kelly**
1315-1330	**Uncomplicated Delivery**	**Monica**
	Sickle Cell Anemia	**Kelly**
1330-1345	**Newborn Hyperbilirubinemia**	**Monica**
	Glomerulonephritis	**Kelly**
1345-1400	**Newborn Hypoglycemia**	**Monica**
	Communicable Disease	**Kelly**

Student Developed Scenario Schedule
November 18, 2025 0900-1500

Time	Group
0900-0910	Orientation to day
0910-0925	Gestational Diabetes
0925-0940	Pneumonia
0940-1000	Debriefing/Feedback
1000-1015	Preeclampsia
1015-1030	Traumatic Brain Injury
1030-1050	Debrief/Feedback
1050-1130	BREAK
1130-1145	Uncomplicated Delivery
1145-1200	Sickle Cell Anemia
1200-1215	Debrief/Feedback
1215-1230	Newborn Hyperbilirubinemia
1230-1245	Glomerulonephritis
1245-1300	Debrief/Feedback
1300-1320	BREAK
1320-1335	Newborn Hypoglycemia
1335-1350	Communicable Disease
1350-1405	Debrief/Feedback
1405-1500	NCLEX Questions, Scavenger Hunt, Comprehensive Sim Orientation, SDS Winners

<table>
<tr><th colspan="2">Student Developed Simulation Scenario Storyboard</th></tr>
<tr><td>Identified Problem/Scenario Topic and Related Resources:

Safe Maternity and Pediatric Nursing Care

Skyscape</td><td>Scenario Key Points:
Elevated BP, peripheral edema, persistent pain, visual disturbances
Urine + protein related to preeclampsia and UTI
Epigastric or RUQ pain
Prepare patient for induction</td></tr>
<tr><td>Case Summary:

Patient comes in with complaints of RUQ pain, nausea and vomiting. Obtain vital signs and fetal monitoring. Phone the provider with high blood pressure. New orders urinalysis, CBC, and BMP. Urine positive for protein, leukocytes, hemoglobin and nitrates. Obtain repeat vitals. Administer ordered medications: Cephalexin, Ondansetron and Labetalol. Educate patient on signs and symptoms of infection, medications given, and symptoms of worsening conditions that should be reported to HCP. Patient reports visual changes. Repeat vitals. Phone provider. New order to prepare patient for induction. End scenario.</td><td rowspan="2">Expected Interventions of Students: <u>(Minimum of 5 required.)</u>
Assess vitals, urine output, LOC, and labs (liver impairment, renal impairment, thrombocytopenia).
Implement seizure precautions: seizure pads, low bed height, side rails up and monitor for seizures.
Conduct urine analysis to detect protein in urine.
Administer Labetalol.
Monitor fetus on monitor.
Assess lung sounds for pulmonary edema.
Quiet environment with dim lights.
Implement bedrest with patient laying on left side.</td></tr>
<tr><td>Supplies:
Urine collection cup
Fetal heart rate monitor (FHR)
Seizure pads
Vital sign monitor
Medications (Cephalexin, Ondansetron, and Labetalol)
3 mL syringe
10 mL syringe
Saline flushes
Alcohol pads</td></tr>
<tr><td>Medications: (Include drug name, dosage, route, and concentration for scenario)
Cephalexin 250 mg PO every 6 hours
Ondansetron 4 mg IV push PRN for nausea
Supply 2 mg/mL
Labetalol 20 mg IV push PRN for HTN
Supply 5mg/mL</td><td>Support Person: (Only complete if you want a support person)

Who is the person to the patient?

Questions/Responses for Support Person:

We have chosen not to have a support person present during the scenario.</td></tr>
<tr><td colspan="2">NCLEX Questions

1. If a patient has preeclampsia what test can be done to see if it will progress into eclampsia?
a. CT scan
b. 12 lead EKG
c. CBC
d. No test can determine worsening preeclampsia developing into eclampsia</td></tr>
</table>

Answer: (D) No test can determine worsening preeclampsia into eclampsia (page 123)
Rationale: There are no tests the determine preeclampsia is developing into eclampsia. Eclampsia has the same symptoms as preeclampsia with the addition of seizures.

2. **As a nurse we understand that patient education was effective when the patient makes the following statement**
    a. **I will go on walks to control my blood pressure.**
    b. **I will monitor my blood pressure at least every 2 hours**
    c. **I should measure my weight weekly.**
    d. **I will restrict my fluid intake to 1500 mL per day.**

Answer: (B) I will monitor my blood pressure at least every 2 hours. (page 120)
Rationale: A patient that is experiencing preeclampsia should have their BP monitored at least every 2 hours to note any changes from baseline for timely interventions.

Debriefing Questions:

1. **What was your main concern in the scenario?**

2. **What risk factors for preeclampsia did you notice in the patient's history?**

Case Flow (15-20 Minute Simulation Time)

Initiation of Scenario:													
Patient statements:													
Vital Signs	**T**		**HR**		**RR**		**BP**		**SpO2**		**Pain**		**BS**
Cardiac													
Respiratory													
Neuro													
Skin													
GI													
GU													
Other													
Patient changes during scenario:													
Patient statements:													
Vital Signs	**T**		**HR**		**RR**		**BP**		**SpO2**		**Pain**		**BS**
Cardiac													
Respiratory													
Neuro													
Skin													
GI													
GU													
Other													
New Patient Orders													
End of Scenario:													
Patient statements:													
Vital Signs	**T**		**HR**		**RR**		**BP**		**SpO2**		**Pain**		**BS**
Cardiac													
Respiratory													
Neuro													
Skin													
GI													
GU													
Other													

All areas should be addressed with pertinent information. Do not leave any blanks. All underlined areas on supporting documents should be addressed. You can place NAs in any area that does not apply to your scenario.

Patient Report:

Additional information, Medical History:

Patient data:

DOB:

MR#:

Prior medical history:

Allergies:

Social history:

Firelands Regional Medical Center
Sandusky, Ohio
Physician's Orders

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE:___years old	DATE: XX/XX/XX

Date/Time	
XX/XX/XX	Admit to _____
	Diagnosis: _____
	VS every _____
	Activity:_____
	Diet:_____
	I&O
	IV:_____
	Medications:_____
	Other:_____
	Dr. _____

NAME Allergies: _____ Attending: _________ Wt: ____kg; Ht: ___in BSA: _____ BMI:____	Medication Administration Record – Current Medications	DOB: _______ Age: ___ Account #: ___________ Unit: _____ Room #: _______ ADM IN

Start / Stop	Medication	Time	TODAY XX/XX/XXXX

XX/XX/XXXX	**Name Route How Often**	_______	
XX/XX/XXXX	Trade: _________		
Active Acknowledged	Administer: _________		
	Instructions: _____________		
XX/XX/XXXX	**Name Route How Often**	_______	
XX/XX/XXXX	Trade: ____________		
Active Acknowledged	Administer: ___________		
	Instructions: _____________		
XX/XX/XXXX	**Name Route How Often**	_______	
XX/XX/XXXX	Trade: _________		
Active Acknowledged	Administer: _________		
	Instructions: _____________		
XX/XX/XXXX	**Name Route How Often**	_______	
XX/XX/XXXX	Trade: _________		
Active Acknowledged	Administer: _________		
	Instructions: _____________		
XX/XX/XXXX	**Name Route How Often**	_______	
XX/XX/XXXX	Trade: _________		
Active Acknowledged	Administer: _________		
	Instructions: _____________		

Firelands Regional Medical Center
Sandusky, Ohio
LABORATORY

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE:___years old	DATE: XX/XX/XX

HGB/HCT	**XX/XX/XX Admission**	**Reference Range**
HGB		
HCT		

CMP	**XX/XX/XX Admission**	**Reference Range**
Na		
CL		
K		
BUN		
Creatinine		
Blood Glucose		
Blood pH		

URINALYSIS	**XX/XX/XX Admission**	**Reference Range**
pH		
Specific Gravity		
Glucose		
Protein		
Blood		
Ketones		
Nitrite		
Leukocyte esterase		
Clarity		
Color		

Firelands Regional Medical Center
Sandusky, Ohio
IMAGING DEPARTMENT

NAME: _____	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: _____
ORD PHYS: _____	MR# _____
ATTENDING: _____	DOB: _____
AGE:___years old	DATE: XX/XX/XX

CLINICAL DATA/Reason for Test:

X-ray:

IMPRESSION: