

Simulation Pre-Brief 1

**Noticing:**

- One thing I noticed in her prior medical history is her history of COPD, HTN, Atrial fibrillation, and smoking 2 packs per day for 30 years. Immediately, I think of my ABCs to guide my nursing care. I would want to check airway, which would include things like secretions: amount, color, and viscosity. Next, I would want to check breathing, which would include things such as lung sounds, use of accessory muscles, respiratory rate, oxygen saturation, and pallor. Lastly, I would want to check circulation, which would consist of blood pressure, peripheral pulses, capillary refill time and skin temperature. I also find this to be a good time to provide education to the patient about smoking cessation, if she is ready for that information to be given. To quit smoking would mean showing a progression of COPD symptoms, lower blood pressure thus reducing the risk of heart attack, stroke and improving Afib, and improving oxygenation levels.
- Given the information provided, I see that the patient has an enlarged prostate and uses the medication Tamsulosin. I would expect the patient to have urinary symptoms such as urinary retention, nocturia, and difficulty urinating. I would also expect that there would be a respectable conversation about this patient's anatomy due to the fact this patient uses the pronouns "she" yet has an enlarged prostate. I would enter the conversation with sensitivity and ask about preferred name and pronouns upon doing my assessment.
- I know that the medication Tamsulosin is mostly given to males who have urinary retention, nocturia, and difficulty urinating. This medication will improve urinary flow by relaxing smooth muscle. Having an enlarged prostate can also contribute to difficulty urinating. This knowledge can help me assess the patient's urinary functions in a respectful manner so I can provide adequate patient centered care.

**Interpreting:**

- Sam's admitting diagnosis is left lower leg fracture due to a fall from a ladder. There is a complete open oblique fracture of the left tibia and fibula.

<b>Abnormal Lab Values</b>	<b>Rationale for Abnormal Lab Values (Use complete sentences.)</b>
<b>WBC</b>	White blood cell count is slightly elevated. This is due to exposed bone through the skin which triggers inflammation by activating the immune system. Inflammation is a normal response to trauma, but the open wound and exposed bone could lead to infection creating an even further increase of WBC.
<b>BUN</b>	BUN levels are elevated. Given the fact there is a long bone fracture through the skin with significant blood loss and possible dehydration, renal perfusion decreases. The response of the kidney's is to then conserve as much water and urea as possible, resulting in an elevation of BUN levels.
<b>Creatinine</b>	Creatinine levels are elevated. This is an indication that the kidney's are not working properly. If less blood is making its way through the kidney's, creatinine levels will rise because it is a waste product

	from your muscles that also filters through the kidney's.
--	---

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

<b>Diagnostic Testing</b>	<b>Results of Diagnostic Testing (Use complete sentences.)</b>
<b>X-Ray</b>	There is a complete open oblique fracture of the left tibia and fibula.

<b>Medication (generic and trade name)</b>	<b>Classification (therapeutic and pharmacologic)</b>	<b>Indication for use (specific to this patient)</b>	<b>Nursing Interventions (Assessment, Education, Safety Measures) (List at least 3 per medication)</b>
Metoprolol/Lopressor 25mg PO twice a day	Antianginals, antihypertensives Beta blockers	-Hypertension -Prevention of MI	-Change positions slowly to minimize orthostatic hypotension. -Monitor BP, ECG and pulse frequently during dose adjustment and periodically during therapy. -Educate the need to continue additional therapies for HTN such as weight loss, sodium restriction, exercise, stress reduction.
Aspirin/Bayer 81mg PO daily	Antiplatelet agents, antipyretics, nonopioid analgesics Salicylates, nonsteroidal anti-inflammatory drugs (NSAIDS)	-Prophylaxis of transient ischemic attacks and MI -Pain	-Educate patient on taking medication with a full glass of water and sitting upright for 15-30 mins after administration. -Monitor for signs of fever, rash, lymphadenopathy, facial swelling. -Administer after meals or with food or an antacid to minimize gastric irritation.
Atorvastatin/Lipitor 10mg PO daily	Lipid lowering agents hmg coa reductase inhibitors	-Primary prevention of coronary heart disease in asymptomatic patients with increased total and low-density	-Educate on avoiding grapefruit juice during therapy; may increase risk of toxicity. -Advice patient to take medication with diet restrictions (fat,

		lipoprotein cholesterol and decreased high-density lipoprotein cholesterol.	cholesterol, carbs, alcohol), exercise, and cessation of smoking. -Monitor for unexplained muscle pain, tenderness, weakness, fever, malaise, anorexia, dark urine, jaundice, right upper abdominal discomfort.
Tamsulosin/Flomax 0.4mg PO daily	Benign prostatic hyperplasia bph agents Alpha adrenergic blockers	-Decrease symptoms of BPH (urinary urgency, hesitancy, nocturia). --Decreases contractions in smooth muscle of the prostatic capsule.	-Monitor intake and output and daily weight. Monitor for edema daily and weight gain. -Assess patient for 1 <sup>st</sup> dose hypotension and syncope. -Advise that this medication may cause dizziness so to avoid driving or activities requiring alertness. Assess risk for falls and provide instruction on how to prevent falls in the home.
Montelukast/ Singulair 10mg PO daily	Allergy, cold, and cough remedies, bronchodilators Leukotriene antagonists	-Prevention and chronic treatment of asthma. -Prevention of exercise-induced bronchoconstriction .	-Monitor lung sounds and respiratory function prior to and periodically during therapy. -Educate patient and family to be alert for emergence of anxiety, agitation, panic attacks, insomnia, irritability, mania, worsening of depression, suicidal ideation. Assess on a day-to-day basis. -Educate that the patient should carry rapid-acting therapy for bronchospasm at all times as, this medication is not used to treat acute asthma attacks.