

**MSN 2026  
Simulation Prebriefing**

**Name: Mariah Robinson**

***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

1. One thing that I noticed from the patient's medical hx was the presence of BPH, the findings given were that this was a 55-year-old female being treated with tamsulosin. Since the patient is awaiting ORIF for open tibia and fibula fracture, this becomes conflict due to post op urinary retention. The chart also notes medication noncompliance, which I would need to figure out which medication the patient is not or has not been taking. When it comes to caring for the pt, it is important to monitor I/O, potentially a need for bladder scanner if pt hasn't voided and ensure fall precautions are put into place. Also, due to the injury it's important to monitor the 6's during neurovascular checks.

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

2. Before caring for this pt, I would expect her to have severe left leg pain, limited mobility, and a high fall risk due to the combination of her injury, being non weight bearing on the affected limb and recent fall. Because she has COPD and smokes 2 packs per day, I also would anticipate some respiratory compromise, especially during the peri-operative period. Given the presence of BPH, I expect that she may have trouble voiding, particularly after receiving pain medication or anesthesia. I also expect possible dehydration and renal perfusion issues, since her labs show a BUN of 40 and creatinine of 2.1, which may require fluid support and close monitoring.
  - What previous knowledge do you have that will guide your expectations? Explain.
3. Based off my previous knowledge I know that open fractures require surgical intervention to reduce infection risk and ensure proper alignment. I also know that trauma commonly causes mild leukocytosis, which flows with her WBC being slightly elevated at 11.1. When it comes to the elevated BUN and creatinine often indicate some type of renal dysfunction, which can occur

from dehydration, stress, or poor intake after a fall. Additionally, being pt has hx of COPD, chronic smoking increases the risk for post-operative respiratory complications, so I expect to prioritize lung assessments and pulmonary hygiene. This knowledge helps me anticipate what assessments and interventions will be most important during initial care

**Interpreting:**

Interpret the following data:

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

1. The patient’s admitting dx was a complete open oblique fracture of the left tibia and fibula, meaning both bones are fully broken with the fracture being outside of the skin, indicating an tan open wound. This type of fracture is unstable, increases infection risk, and requires ORIF for alignment and stabilization.

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

<b>Abnormal Lab Values</b>	<b>Rationale for Abnormal Lab Values (Use complete sentences.)</b>
WBC 11.1	Due to the patient hx with recent left lower leg fracture, having slightly elevated wbc is typically just a normal inflammatory response due to tissue trauma.
BUN 40	Increased BUN can be due to multiple things, in relation to this patient, it could indicate increased protein metabolism or decreased renal function due to the fall.
CREATININE 2.1	Elevated creatinine levels indicate reduced kidney filtration, which can be due to an AKI.

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

<b>Diagnostic Testing</b>	<b>Results of Diagnostic Testing (Use complete sentences.)</b>
Xray: anterior/posterior and lateral view of left lower leg	There appears to be a complete open oblique fracture of the left tibia and fibula.


Medications (provide a list of all medications (home and on eMAR) with classification, indication for use, and nursing interventions):

<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 25mg BID	antihypertensive  Beta adrenergic blocker	HTN, Afib	Monitor HR/BP, hold if pt is bradycardia/hypotension. Assess for dizziness. Monitor for bronchospasm/worsening dyspnea. Educate pt to not abruptly discontinue.
Aspirin 81mg daily	Antiplatelet agent, salicylates.	Stroke prevention in Afib	Monitor for bleeding, check to see the last time pt took the medication and communicate with surgical team. monitor for toxicity and OD such as tinnitus, headache, hyperventilation, mental confusion. Educate pt of disrupted GI signs.
Atorvastatin 10mg daily	Statin	Hypercholesterolemia	Monitor for muscle pain weakness, advice patient to report occurrence of unexplained muscle pain, weakness, or tenderness following a fever. Make sure pt is aware to report dark urine, review LFTS.
Tamsulosin 0.4 mg daily	Alpha 1 blocker	BPH	High fall risk, monitor for orthostatic hypotension, assess for dizziness. Monitor urinary

			symptoms, retention risk post op.
Montelukast 10mg daily	Leukotriene inhibitor	COPD	Monitor Resp status, monitor mood/behavior changes. Reinforce daily use. Educate pt to report mood/behavior changes.