

**MSN 2026
Simulation Prebriefing**

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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 is how the patient has a complete open fracture of the left tibia and fibula. Since it is an open fracture, there would be an increased risk for not only infection, but also complications such as compartment syndrome. This means that my initial nursing care will focus on frequent neurovascular checks, monitoring for swelling and pain, while also preventing infections from occurring.

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

I expect the patient to be experiencing a lot of pain and discomfort, while also being anxious about the procedure. Because the patient also has a history of COPD and heavy smoking, I am also expecting her to have slight breathing issues too. In addition, due to the patient also having a history of atrial fibrillation and high blood pressure, I am expecting that her heart rhythm and blood pressure will need close monitoring.

- **What previous knowledge do you have that will guide your expectations? Explain.**

With previous knowledge of different types of fractures, I know that open fractures have a much higher risk of causing infections, and they tend to require frequent monitoring due to the risk they propose. I also know that COPD and smoking are catalysts for problems associated with breathing. My knowledge of atrial fibrillation and kidney lab values tells me that she could be at higher risk for surgical and medication complications.

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? Define the diagnosis. The patient's admitting diagnosis is a complete open oblique fracture of the left tibia and fibula. A complete fracture is when the fracture goes completely through the bone alone. A fracture classified as open indicates when a broken bone comes through the skin, creating an open wound. An oblique fracture means that break runs at an angle across the bone. A fracture of the tibia and fibula means that both bones in the lower extremity are broken.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC: $11.1 \times 10^3/\mu\text{L}$	The WBC is slightly elevated, which may be related to the body's inflammatory response to the trauma from the open fracture. An increase in white blood cells is common after an injury occurs and can also be a sign of a possible infection occurrence.
BUN: 40	The BUN is elevated, which may be an indicator of dehydration or reduced blood flow to the kidneys after the fall. When the body is stressed or fluid volume is low, BUN levels can rise.
Creatinine: 2.1	The creatinine is elevated, which suggests impaired kidney function. This is important because decreased kidney function can affect how medications and anesthesia are processed in the body before surgery.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Left lower leg X-ray (Anterior/Posterior and Lateral views)	The X-ray of the left lower leg shows a complete open oblique fracture of the left tibia and fibula. This means both bones in the lower leg are broken at an angle, and the fracture is open, meaning the bones have broken through the skin.

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)

<p>Generic: Metoprolol</p> <p>Trade: Lopressor</p>	<p>Therapeutic: Antianginals, antihypertensives</p> <p>Pharmacologic: Beta blockers</p>	<p>Hypertension, angina pectoris, prevention of MI and decrease mortality in patients with recent MI, stable and symptomatic HF</p>	<ol style="list-style-type: none"> 1. Assess HR and BP before administration; hold if HR <60 bpm or SBP <90-100 (per provider order). 2. Monitor for signs of bradycardia, hypotension, or dizziness. 3. Educate patients not to stop medication abruptly.
<p>Generic: Aspirin</p> <p>Trade: Bayer</p>	<p>Therapeutic: Antiplatelet agents, antipyretics, nonopioid analgesics</p> <p>Pharmacologic: Salicylates, nonsteroidal anti- inflammatory drugs (NSAIDs)</p>	<p>Inflammatory disorders, mild to moderate pain, fever, prophylaxis of transient ischemic attacks and MI</p>	<ol style="list-style-type: none"> 1. Monitor for signs of bleeding (bleeding gums, black stools). 2. Assess platelet count and bleeding risk, especially before surgery. 3. Educate patients to avoid taking additional NSAIDs unless approved.
<p>Generic: Atorvastatin</p> <p>Trade: Lipitor</p>	<p>Therapeutic: Lipid- lowering agents</p> <p>Pharmacologic: Hmg coa reductase inhibitors</p>	<p>Adjunctive management of primary hypercholesterolemi a and mixed dyslipidemia, primary prevention of coronary heart disease</p>	<ol style="list-style-type: none"> 1. Monitor liver function tests as ordered. 2. Assess for muscle pain or weakness. 3. Educate patients to avoid grapefruit juice.
<p>Generic: Tamsulosin</p> <p>Trade: Flomax</p>	<p>Therapeutic: Benign prostatic hyperplasia agents</p> <p>Pharmacologic: Alpha adrenergic blockers</p>	<p>Benign prostatic hyperplasia (BPH)</p>	<ol style="list-style-type: none"> 1. Monitor blood pressure; may cause orthostatic hypotension. 2. Instruct patients to change positions slowly. 3. Assess urinary output and ease of urination.
<p>Generic:</p>	<p>Therapeutic: Allergy, cold and</p>	<p>Prevention and chronic treatment of</p>	<ol style="list-style-type: none"> 1. Assess respiratory status

Montelukast Trade: Singulair	cough remedies, bronchodilators Pharmacologic: Leukotriene antagonists	asthma, seasonal or perennial allergic rhinitis, prevention of exercise-induced bronchoconstriction.	and lung sounds. 2. Educate that medication is for maintenance, not acute attacks. 3. Monitor for mood or behavior changes (rare side effects).
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