MSN 2026
Simulation Prebriefing

Name: Isabella Blakely

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.

The patient has a left lower leg fracture which occurred from a fall off a ladder about 5 feet off the ground. She cannot bear weight on that leg without extreme pain, so she will need assistance ambulating. The patient also has an open fracture, so she's at increased risk of infection; infection prevention is critical before and after surgery.
The patient has a history of smoking two packs of cigarettes a day for the past 30 years and COPD. Due to these two factors, it's essential to watch her respiratory status for a decrease in oxygen saturation, and labored/difficulty breathing. Especially before and during surgery, and while she's on pain meds, since opioids can cause respiratory depression.
Due to her history of Atrial fibrillation, her heart rate and rhythm will be monitored closely, and assessed for any additional cardiac abnormalities.
Due to her history of Hypertension, I'll expect her blood pressure to be elevated above normal, and could be elevated even higher due to the amount of pain the patient is in.
I'd also noticed that the patient has a history of an enlarged prostate, and takes Tamsulosin for BPH, so I'd like the clarify if it is a medical error, or if the patient is transgender.
I noticed the patient takes montelukast which is used to treat asthma, allergic rhinitis, and exercised induced bronchospasm, and the patient has a history of COPD which is not an indication for use of montelukast. So I'd like the clarify the reason for this medication being prescribed.

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

Based off the patient's injury and report, I expect her to be in severe pain due to the left tibia and fibula fracture, and possibly guarding the affected limb, grimacing, and limited mobility due to weight bearing

causing her extreme pain. I anticipate assessing the 6 P's (Pulselessness, pain, pressure, paresthesia, pallor, and paralysis) for signs of compartment syndrome (and circulation in general), as well as her respiratory status for signs & symptoms of a fat embolism. She may have some anxiety about her upcoming surgery since this was a acute injury. I'll also expect her blood pressure to be elevated due to her history of hypertension, and the amount of pain she is experiencing which can cause an increase in blood pressure.
Since the patient is having surgery, I expect her to be NPO 12 hours prior to the procedure, as well as for her to receive two CHG baths for infection prevention.

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

I know that any type of fracture can be extremely painful, and the patient may exhibit nonverbal pain cues that tell us that are experiencing pain, such as guarding the site, grimacing, as well as restlessness. Assessing the 6 P's is crucial to monitor for signs of compartment syndrome, which is a medical emergency that requires any splints/casts to be taken off, and surgical intervention to relieve the pressure. Additionally, because the patient has a long bone fracture, she's at risk of a fat embolism, which occurs 24-48 hours after the injury. It's important to monitor for signs of respiratory distress, and a decrease in her oxygen levels and to notify the provider/call a MET if the patient goes into respiratory distress.
I know that before any type of surgery, a patient must be NPO to prevent aspiration while under anesthesia, and a CHG bath is done to reduce the amount of microorganisms that are on the patient's skin at the surgical site, reducing the risk of infection.

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 a break in the bone that goes completely across the bone shaft. An open fracture is a fracture where the bone pierces the skin and is exposed to the environment, increasing the client's risk of infection. An oblique fracture is a break that occurs across the bone shaft, but at an angle. An open fracture significantly increases the patient's risk of infection.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
BUN 40	An elevated BUN suggests impaired kidney function or reduced renal perfusion, and that the kidneys are not working as they should be. It can also be caused by trauma, such as the patients bone fracture, stress, and dehydration.
Creatinine 2.1	An elevated creatinine also suggests impaired kidney function, and can be caused from trauma such as a bone fracture, as well as stress, and dehydration.
WBC 11.1 X 10^3 µ/L	The WBC count is slightly elevated above the normal ranges and can be from the bodies reaction to the fracture, triggering the immune response and a release of white blood cells. It can also indicate early infection

	signs, since the fracture is opened to the environment.

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

Diagnostic Testing	**Results of Diagnostic Testing (Use complete sentences.)**
X-ray: Anterior/Posterior and Lateral view of left lower leg	The X-ray shows 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):

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)**
Metoprolol 25 MG PO BID	Therapeutic: antianginals, antihypertensives Pharmacologic: beta blocker	The patient has history of hypertension	1. Assess the patient's blood pressure before and after giving the medication 2. Assess for signs and symptoms of heart failure

			(dyspnea, crackles, weight gain, ect) 3. Instruct the patient to change positions slowly to minimize orthostatic hypotension
Aspirin 81 mg PO daily	Therapeutic: antiplatelet, antipyretic, nonopioid analgesics Pharmacologic: salicylates, NSAIDs	Prevent thromboembolic events due to atrial fibrillation	1. Assess for any signs of bleeding (bruising, blood in stool/urine) 2. Use caution while giving it with another NSAID 3. Instruct patients to take it with a full glass of water and remain upright for 15-30 minutes after administration
Atorvastatin 10 mg PO daily	Therapeutic: lipid-lowering agents Pharmacologic: hmg coa reductase inhibitors	To control the patient's hypercholesterolemia	1. Assess the patient's diet, especially fat consumption 2. Monitor liver function, and instruct the patient to report signs of liver dysfunction (jaundice, fatigue, anorexia, dark urine) 3. Educate that this medication should be used along with diet changes (restrict cholesterol, fat, carbohydrates)
Tamsulosin 0.4 mg PO daily	Therapeutic: benign prostatic hyperplasia bph agents Pharmacologic: alpha adrenergic blockers	The patient has a history of a enlarged prostate	1. Asses patient for symptoms of BPH (feeling of incomplete bladder emptying, urinary hesitancy, dysuria, urgency) 2. Assess for first dose orthostatic hypotension and syncope 3. Educate that this medication may cause dizziness, and to

			avoid any driving or activities requiring mental alertness until their response to it is known
Montelukast 10 mg Po daily	Therapeutic: allergy, cold, and cough remedies, bronchodilators Pharmacologic: leukotriene antagonists	It is used to treat asthma, allergic rhinitis, and exercised induced bronchospasm, and the patient has a history of COPD.	1. Assess the patients lung sounds and respiratory function 2. Monitor for changes in behavior that could be signs of depression or suicidal thoughts 3. Instruct patient to take the medication daily, and 2 hours before exercise to prevent exacerbations