

MSN 2026
Simulation Prebriefing

Name: Sam Daneker

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 fracture itself is the main thing that will guide my initial nursing care. There are many different complications and interventions (VTE, infection, pain management, surgery prep, antibiotics and other medications) in which my priorities will be placed on.
- What expectations do you have about the patient prior to caring for them? Explain.
- -I expect my patient to be in quite a lot of pain, as such it may be difficult to get answers for questions or communicate with patient entirely. Additionally, as my patient is non-compliant with their medication regimen, I expect the patient will need some education on their medications as well as new medications, procedures, and interventions performed.
- What previous knowledge do you have that will guide your expectations? Explain.
- -Previous SIMs, my knowledge on proper assessments (pain, neuro, respiratory, cardiac) and medications, as well as the ability to recognize signs of other complications will be the primary source of guidance for my expectations.

Interpreting:

Interpret the following data:

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

Complete open oblique fracture of left tibia, fibula

-When a fracture is complete that means the two sides of the bone have completely separated from each other. An open fracture denotes bone penetrating through skin, and oblique is a fracture that is broken at an angle.

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

[illegible]

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

[illegible]

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 25mg PO (Lopressor/Toprol- XL)	Antianginal/ antihypertensive; beta blocker	History of hypertension/A-fib	Assess for: bradycardia, heart failure, hypotension, and pulmonary edema. Monitor vitals throughout therapy administration. Educate patients to take at the same time each day, do not skip or double up on dose.
Aspirin 81mg PO	Antiplatelet agent/antipyretic/nonopioid analgesic; salicylates/NSAID	History of A-fib, prevention of stroke	Assess for: dyspepsia, epigastric distress, nausea/vomiting, skin reactions (SJS, DRESS). Use lowest effective dose for the shortest period of time. Advise patient to report unusual bleeding of gums, black/tarry stools or fever of more than 3 days. Caution patients not to use concurrently with alcohol.
Atorvastatin 10mg PO	Lipid lowering agent	History of Hypercholesterolemia	Monitor for: rash, abdominal cramps, constipation, diarrhea, and rhabdomyolysis. Obtain the patients diet history. Educate patients to use medication

			concurrently with diet restrictions, exercise, and smoking cessation.
Tamsulosin 0.4mg PO	BPH agent; alpha adrenergic blocker	History of enlarged prostate	Monitor for: dizziness, headache, orthostatic hypotension, and rhinitis. Watch patient's intake and outputs, as well as looking for edema. Educate patient to report weight gain or any edema.
Montelukast 10mg PO	Bronchodilator; leukotriene antagonist	History of COPD	Monitor for: skin reactions (SJS, TEN), agitation, anxiety, suicidal thoughts/behaviors, restlessness. Assess lung sounds before and after drug therapy. Educate patients to not stop medication abruptly to prevent complications.