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 that will guide my initial nursing care is the BUN being 40. This is almost a critical level, so I would try to push fluids and further assess kidney function. I would also encourage the patient to take their tamsulosin if they are noncompliant with the medication.
- What expectations do you have about the patient prior to caring for them? Explain.
  I expect the patient to not be managing their current medical conditions well since they are not compliant with their medication regimen. The patient's BUN and creatinine levels would be consistant with this expectation.
- What previous knowledge do you have that will guide your expectations? Explain.
  I know that an enlarged prostate can cause high BUN and creatinine levels, so the patient's reported noncompliance with their medication regimen may be the reason for these high levels.

Interpreting:
Interpret the following data:
What is the patient's admitting diagnosis? Define the diagnosis.
The admitting diagnosis is a complete open oblique fracture of the left tibia and fibula. This means that the fracture is diagonal, all the way through the fibula and tibia, and the fracture is protruding through the skin open to air.
Laboratory data (give rationale for all abnormal lab results):

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
BUN - 40	This is an abnormal high finding. The normal range is 8-20 mg/dL

Creatinine – 2.1	This is an abnormal high finding. The normal range for a woman is 0.5-1.1 mg/dL
WBC – 11.1	This is an abnormal high finding. The normal range for an adult is 4.5-11.

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 the left lower leg	The impression was 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/Lopressor	Antianginals, Antihypertensives	HTN	Monitor BP, do not skip or double doses, and avoid driving if the

	Beta blockers		medication causes drowsiness.
Aspirin/Ecotrin	antiplatelet agents, antipyretics, nonopioid analgesics Salicylates, nonsteroidal anti-inflammatory drugs	Mild to moderate pain	Monitor for DRESS, report tinnitus, and avoid alcohol use.
Atorvastatin/Liptor	Lipid-lowering agents Hmg coa reductase inhibitors	Hypercholesterolemia	Monitor for muscle tenderness, avoid grapefruit, and use medication in conjunction with diet restrictions.
Tamsulosin/Flomax	Benign prostatic hyperplasia bph agents Alpha adrenergic blockers	Enlarged Prostate	Assess for symptoms of BPH, do not crush capsules, and change positions slowly to minimize orthostatic hypotension.
Montelukast/Singulair	Allergy, cold and cough remedies, bronchodilators Leukotriene antagonists	COPD	Assess lung sounds, do not discontinue medication abruptly, and take the medication daily in the evening or two hours before exercising.