Name: Alivia West

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.
- What expectations do you have about the patient prior to caring for them? Explain.
- What previous knowledge do you have that will guide your expectations? Explain.

Interpreting:
Interpret the following data:
What is the patient's admitting diagnosis? Define the diagnosis.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC 11.1 x 10^3 (high)	The Normal range is 4.5-11.0 million so its .1 above the range, could be a sign of infection. I would watch for a fever and redness around the site.
BUN: 40 (high)	The normal range is 7-20, this could be a sign of kidney damage.
Creatine: 2.1 (high)	The normal range is 0.6-1.1, an elevated level is a sign of the kidneys not filtering waste which can be a sign of kidney damage.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
X-ray of the anterior/Posterior and lateral view of left lower leg.	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):

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) 25mg PO x2 daily	T: Antianginals, Antihypertensive P: Beta-1 selective adrenergic Blocker	History of hypertension, Rate control for Atrial Fibrillation	1. Asses blood pressure and apical pulses before giving medicine, Hold if HR <60 bmp or systolic BP <90-100 2. Monitor for bradycardia and hypotension 3. Educate about changing positions slowly (orthostatic hypotension) 4. Do not discontinue abruptly
Aspirin (Bayer) 81 mg PO daily	T: Antiplatelet Agent P: Salicylate	History of Atrial Fibrillation Heart control	1. Monitor for signs of bleeding (black stool or bruising) 2. Asses for GI upsets or ulcers 3. Monitor platelet count 4. Educate on prevention of other NSAIDs while taking Aspirin unless approved.
Atorvastatin (Lipitor) 10mg PO daily	T: Antilipemic P: HMG-CoA reductase inhibitor	History of Hypercholesterolemia	1. Monitor Liver enzymes 2. Asses for muscle pain/weakness 3. Administer in the evening 4. Encourage low-cholesterol diet
Tamsulosin (Flomax) 0.4 mg PO daily	T: Benign Prostatic Hyperplasia P: Alpha Adrenergic blockers	History of Enlarged Prostate -decreases symptoms of urgency and hesitancy	1. Monitor for orthostatic hypotension 2. Administer 30 mins. After the same meal each day. 3. Asses Urinary Output and improvement in flow.

			4. Educate on changing positions slowly
Montelukast (Singulair) 10 mg PO daily	T: Allergy, cold and cough remedies, bronchodilator P: Leukotriene antagonists	History of COPD	1. Monitor respiratory status (lung sounds) 2. Educate that this is not for Acute Asthma Attacks 3. Monitor for mood/behavior changes