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 think I noticed was the patient has a complete open oblique fracture of the left tibia and fibula and is scheduled for ORIF. Open fractures increase the risk of infection, bleeding and neurovascular complications. Also the patient has a history of COPD, AFIB, and smoking which increases risks during anesthesia.
- **What expectations do you have about the patient prior to caring for them? Explain.** The patient will have obvious severe pain in the LT leg, swelling, and possible deformity. She will have limited mobility, also increased risk of infection due to open fracture.
- **What previous knowledge do you have that will guide your expectations? Explain.** Learning about Musculoskeletal tells me that usually open fractures require urgent surgical repair and infection prevention. Knowing the patient has A-fib and my knowledge of working in the monitor room I know she may have dysrhythmias. Her elevated BUN & Creatinine suggest decreased kidney function.

Interpreting:

Interpret the following data:

What is the patient's admitting diagnosis? Define the diagnosis. Complete open oblique fracture of the left tibia & fibula. This is a break in the bone at an angle where the bone fragments are exposed through the skin. These types of fractures are at an increased infection risk, bleeding, and impaired circulation. Fixing this requires a surgical ORIF repair.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
11.1	This is slightly elevated and may signal inflammation or early infection.
BUN 40	Elevated BUN suggests possible renal impairment or dehydration.
Creatinine 2.1	Elevated creatinine indicates decreased kidney function, which is important for medication dosing.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Left Leg X-Ray	The X-Ray revealed a complete open oblique fracture of the left tibia and fibula. The fracture requires surgical intervention with ORIF.

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	T- Antihypertensive P- Beta-1 selective beta blocker	Used to manage hypertension and control heart rate in A-Fib	Monitor heart rate and blood pressure prior to administration. Hold medication if HR < 60 bpm or systolic BP <100 and notify provider.
Aspirin	T- Anti-platelet P- Salicylate	Prevention of thromboembolic events due to A-fib	Monitor signs of bleeding (bruising, hematuria, GI bleeding), Assess platelet levels before surgery, hold prior to surgery as ordered to reduce bleeding risk
Atorvastatin	T- Lipid-lowering agent P-HMG-CoA reductase inhibitor (statin)	Treatment of hyper-cholesterolemia	Monitor liver function tests, assess for muscle pain or weakness, Educate patient to report unexplained muscle soreness.
Tamsulosin	T- Urinary retention agent P-Alpha-1 adrenergic blocker	Used for enlarged prostate to improve urinary flow	Monitor for orthostatic hypotension, instruct patient to change positions slowly, Monitor urinary output.
Montelukast	T- Antiasthmatic P- Leukotriene receptor antagonist	Management of COPD symptoms	Monitor respiratory status and lung sounds, assess for wheezing or shortness of breath, reinforce smoking cessation education.