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.

I noticed a discrepancy in the patient's medical history. Patient is listed as a 55-year-old female but has a history of an enlarged prostate and is prescribed tamsulosin (Flomax), which is typically used for benign prostatic hyperplasia in males. I would want to clarify this discrepancy with the provider and verify the accuracy of the patient's medical history and medication list. I would also ask the patient open-ended questions about their past medical and surgical history to ensure that all information in the chart is accurate and complete

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

I expect the patient to be at high risk for falls, report severe pain, and demonstrate limited mobility due to the open fracture and inability to bear weight on the affected leg. Because of the patient's COPD and smoking history, I also expect possible respiratory concerns and decreased oxygenation, especially in the perioperative period. Additionally, she may have anxiety related to the injury and upcoming surgery.

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

My previous knowledge of musculoskeletal injuries tells me that open fractures require urgent surgical repair and have a high risk for complications such as infection, fat embolism syndrome, and compartment syndrome, which require close monitoring and prompt treatment. This knowledge will

guide me to carefully assess the patient's pain, circulation, sensation, movement, *6 p's* and respiratory status, as well as monitor for any signs of complications before and after surgery.

Interpreting:

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

Open oblique fracture of the left tibia and fibula

An open fracture occurs when a broken bone penetrates the skin, exposing bone and tissue to the external environment. This significantly increases the risk of infection, bleeding, and tissue damage. Surgical intervention with open reduction and internal fixation (ORIF) is required to realign and stabilize the bone to promote healing and restore function.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC: 11.1 (elevated)	This is likely elevated due to the body's inflammatory response to trauma and tissue injury from the fracture.
BUN: 40 (elevated)	An elevated BUN may indicate dehydration, decreased kidney perfusion, or impaired kidney function, which could affect fluid balance and medication metabolism.
Creatinine: 2.1 (elevated)	An elevated creatinine level suggests decreased renal function, which is important to consider when administering medications and IV fluids.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Left Leg X-Ray	Patient has 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)	**Therapeutic:** Antihypertensive, antianginal **Pharmacologic:** beta-blocker	Management of hypertension and atrial fibrillation by lowering heart rate and blood pressure.	• Monitor blood pressure and heart rate • Hold if HR < 60 bpm or hypotensive • Monitor for dizziness or fatigue
Aspirin (Bayer)	**Therapeutic:** Antiplatelet agent **Pharmacologic:** Salicylate, NSAID	Cardiovascular protection due to history of atrial fibrillation and HTN	• Monitor for bleeding • Assess for GI irritation • May be held pre-operatively
Atorvastatin (Lipitor)	**Therapeutic:** lipid-lowering agents **Pharmacologic:** hmg coa reductase inhibitors	Treatment of hypercholesterolemia to reduce cardiovascular risk (heart disease, MI, stroke)	• Monitor liver function tests • Assess for muscle pain or weakness • Encourage adherence
Tamsulosin (Flomax)	**Therapeutic:** Urinary retention/BPH agent **Pharmacologic:** alpha adrenergic blocker	Improves urinary flow * discrepancy in medical history, needs clarification*	• Monitor for orthostatic hypotension • Assess urinary function • Teach slow position changes
Montelukast (Singulair)	**Therapeutic**: allergy, cold and cough remedies, bronchodilators **Pharmacologic:** Leukotriene antagonist	Management of COPD/asthma symptoms	• Monitor respiratory status • Assess lung sounds • Not for acute attacks/rescue use