

**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.
- 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.

Admitting Dx is a left lower leg fracture. This means that her left lower leg is cracked, broken, or shattered due to her fall.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
WBC- $11.1 \times 10^3 \mu/L$	There are many reasons a patients WBC can be high but in this case, it could be due to her recent injury, stress, and possibly infection in the left leg.
BUN- 40	This means that her kidneys are not filtering out the urea nitrogen properly. This could be caused by possible blood loss from her fracture since it was an open fracture or from being on Metoprolol.
Creatinine- 2.1	This means that her kidneys are not filtering out waste effectively or

	increased muscle breakdown. This could also be caused by possible blood loss because of the open fracture.

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

Diagnostic Testing	Results of Diagnostic Testing (Use complete sentences.)
Left leg X-ray	An anterior/posterior and lateral view of the left lower leg showed 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)	T= antihypertensive P= beta blockers	For the patients hx of HTN	-monitor BP -monitor frequency of prescription refills to determine compliance -may cause high BUN levels
Aspirin (Bayer)	T= antiplatelet agents,	Heart and stroke	-monitor for signs of fever, rash,

	<p>antipyretics, nonopioid analgesics</p> <p>P= salicylates, nonsteroidal anti-inflammatory drugs NSAIDS</p>	<p>prevention, possibly hx of A-Fib</p>	<p>lymphadenopathy, and facial swelling</p> <p>-monitor for the onset of tinnitus, headache, hyperventilation, confusion, lethargy which indicates toxicity</p> <p>-administer after meals or with food or an antacid to reduce GI upset</p>
<p>Atorvastatin (Lipitor)</p>	<p>T= lipid lowering agents</p> <p>P= hmg coa reductase inhibitor</p>	<p>For the hx of hypercholesterolemia</p>	<p>-obtain diet history, especially regarding fat consumption</p> <p>-instruct pt to take med as directed and take missed doses as soon as remembered</p> <p>-avoid grapefruit or grapefruit juice</p>
<p>Tamsulosin (Flomax)</p>	<p>T= benign prostatic hyperplasia bph agent</p> <p>P=alpha adrenergic blockers</p>	<p>For the hx of enlarged prostate gland</p>	<p>-administer daily dose 30 min after the same meal each day</p> <p>-monitor intake and output ratios and daily weight, and assess for edema daily</p> <p>-assess patient for first-dose orthostatic hypotension and syncope</p>
<p>Montelukast (Singulair)</p>	<p>T= allergy, cold and cough remedies, bronchodilators</p> <p>P=leukotriene antagonists</p>	<p>Prevention of asthma</p>	<p>-assess lung sounds and respiratory function prior to and periodically during therapy</p> <p>-advise patient that it is not used to treat acute asthma attacks</p> <p>-monitor closely for changes in behavior that could indicate the emergence or worsening of depression or suicidal thoughts</p>