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. The most important thing I noticed was the patient's open fracture of the left lower leg. This is key because the patient is now at a high risk for infection, bleeding, and impaired circulation, so my care will consist of infection prevention, pain control, and neurovascular checks.
- What expectations do you have about the patient prior to caring for them? Explain. I expect the patient to be in pain due to the fracture. I suspect that the patient may need oxygen support due to having COPD and history of smoking. They will have limited mobility and a non-weight bearing status.
- What previous knowledge do you have that will guide your expectations? Explain. I know that open fractures trigger an inflammatory response. If there is a splint on the left lower leg, compartment syndrome is a big risk. I also know that COPD and her history of smoking can impair her oxygenation, healing, and circulation. I also know that BUN and creatinine relate to kidney function.

Interpreting:
Interpret the following data:
What is the patient's admitting diagnosis? Define the diagnosis. The patient's admitting diagnosis is an Open fracture if the left tibia and fibula. This is a break in both lower leg bones, where it is broken at an angle and have broken through the skin, exposing it to the external environment. You need to stabilize the fracture quickly, provide infection prevention measures, and have a surgical repair.

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 u/L (H)	The WBC being elevated is a normal inflammatory response to the open fracture, however, it can mean the patient has an infection.
BUN- 40 (H)	The elevated BUN level can indicate dehydration or decreased renal perfusion. This places the patient at risk for acute kidney injury
Creatinine- 2.1 (H)	The elevated Creatinine being high can indicate decreased kidney function, which is most likely due to the trauma.

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 X-ray shows an open displaced oblique fracture of the left tibia and left fibula.

Medications (provide a list of all medications (home and on eMAR) with classification, indication for use, and nursing interventions):

Medication (generic and	Classification (therapeutic and	Indication for use (specific to this	Nursing Interventions (Assessment, Education, Safety

trade name)	pharmacologic)	patient)	Measures) (List at least 3 per medication)
Metoprolol (Kapspargo Sprinkle, Lopressor, Toprol XL)	T: antianginals, antihypertensives. P: beta blocker	Hypertension	Assess: monitor blood pressure, ECG, and pulse, monitor I/Os and daily weights, and signs of heart failure. Edu: Teach how to check pulse daily and BP weekly, change positions slowly, and the medication may increase sensitivity to the cold.
Aspirin (Acuprin, aspergum, Easprin)	T: antiplatelet agents and antipyretics P: salicylates and nonsteroidal anti-inflammatory drugs (NSAIDs)	Prevention due to Afib, HTN, and smoking history	Assess: Monitor for fever, rash, lymphadenopathy, and facial swelling (DRESS), pain, and fever. Edu: Side effects, avoid concurrent use of use of alcohol, and sodium-restricted diet.
Atorvastatin (Atorvaliq, Lipitor)	T: Lipid-lowering agents. P: hmg coa eductase inhibitor	Hypercholesterolemia	Assess: Evaluate serum cholesterol and triglyceride levels, monitor liver function. Edu: Use in conjunction with diet restrictions, exercise, and cessation of smoking, and to notify health care provider is experiencing unexplained muscle pain, tenderness and weakness.
Tamsulosin (Flomax)	T: Benign prostatic hyperplasia bph agents. P: alpha adrenergic blocker	Enlarged prostate	Assess: symptoms of BPH (incomplete bladder emptying, urinary drippling, straining), blood pressure, monitor I/Os, and daily weight. Edu: side effects and purpose, do not double dose, and change

			positions slowly. Safety: can cause dizziness (change positions slowly) and avoid driving or other activities requiring alertness until response to med is known.
Montelukast (Singulair)	T: Bronchodilator. P: leukotriene antagonist	COPD	Assess: Assess lung sounds and respiratory function, allergy symptoms, and closely monitor changes in behavior (anxiety, insomnia, irritability, and depression). Edu: Explain purpose and side effects and not decrease or discontinue without consulting health care provider. Do not use to treat acute asthma attacks. Encourage family and friends to be alert for the emergence of behavioral changes.