

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:*

**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 thing that I noticed from the patients report that will guide my initial nursing care is the diagnosis of a complete open oblique fracture. A complete fracture is one that the bone is broken fully through the bone, which can lead to surgical fixation (ORIF). A complete fracture can lead to longer immobilization, creating a higher risk of complications such as DVT or PE, joint stiffness, and decreased strength/ROM. An open fracture is open to the environment. By breaking the skin barrier, this exposes foreign materials and bacteria overall creating an increased risk of infection complications.

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

- Expectations I have about the patient prior to caring for them include pain, limited mobility, respiratory compromise, urinary complications, and infection risk. I expect severe pain due to the complete open oblique fracture, as the fracture disrupts soft tissue, nerves, and bone integrity. I also expect limited mobility resulting from the pain, inflammatory response such as swelling, and instability of the fracture. A history of COPD means that the patient has chronic inflammation in the airway, often leading to shortness of breath, dyspnea, decreased oxygen saturation, and ineffective cough. Due to a history of an enlarged prostate, I expect the patient to have urinary retention. I also expect the patient to have an increased risk of infection related to impaired circulation/perfusion resulting from prior history (HTN and smoking) and from the tissue/bone exposure of a open fracture.

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

- Previous knowledge that I have that will guide my expectations include delayed wound healing, surgical interventions, infection control, education, and prophylaxis of VTE's. Guiding my expectations, I understand that wound healing can be prolonged by smoking and HTN through impairing oxygen perfusion and narrowing of blood vessels. I also understand through previous knowledge, that complete open oblique fractures typically require an ORIF, or open reduction internal fixation through surgical interventions to stabilize the bone and realign it. Because impaired circulation and open wounds increase infection risks, I expect this patient needs strict infection control to reduce complications. I anticipate this patient needing VTE prophylaxis because of impaired mobility, prior medical history, and surgical ORIF and immobilization. Finally, given my knowledge that noncompliance of medications can increased risks for complications and worsening conditions, I expect this patient to need education on the importance of complying to medication treatment to encourage healing.

**Interpreting:**

Interpret the following data:

**What is the patient’s admitting diagnosis? Define the diagnosis.**

The patient’s admitting diagnosis is a ORIF due to a complete open oblique fracture of the left tibia and fibula. A complete fracture is when the bone is separated into two fragments due to the break going all the way through the bone. Open fracture describes as when a fracture penetrates the skin barrier, resulting in a bone protruding through the skin opening to the environment. An oblique fracture is when a fracture travels across and down (diagonally) a bone shaft. Together, a complete open oblique fracture is a fracture of the bone that goes through the entire bone resulting in 2 fragments, breaking the skin barrier and protruding to the environment, and travels diagonally across a bone. This fracture diagnosis results in an ORIF to surgically realign and stabilize the bone.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values (Use complete sentences.)
Hematocrit (HCT)  41%	A normal range for HCT is 42-52%. A lower than normal range of Hematocrit can be influenced by bleeding or trauma (such as an complete open oblique fracture)
Blood Urea Nitrogen (BUN)  40	A BUN normal level range is between 8-20. Skyscape references a BUN level of being critical if >40. A range >40 can indicate that the kidneys are not filtering waste properly, an acute kidney injury, congestive heart failure, or dehydration. Also, certain medications can increase BUN levels such as Aspirin, <b>beta blockers (Metoprolol)</b> . However, an open fracture (confirmed by patient x-ray) can be traumatic, often resulting in bleeding, which can decrease circulating volume and cause dehydration/hypovolemia depending on the amount of lost blood. Decreased circulating volume can impair kidney function, leading to increased BUN levels. Adding into the rationale for abnormal labs; a history of smoking and HTN can both lead to an increase in BUN due to causing damage to the kidneys by narrowing of blood vessels which reduce blood flow.
Creatinine  2.1	A normal range for creatinine is between 0.7-1.4. <b>An increased creatinine level can be associated with impaired renal function, dehydration, infections, shock or congestive heart failure.</b> Medications that have the potential to increase creatinine levels are NSAID’s (Aspirin), <b>ACE inhibitors, ARBs</b> – these medications can potentially damage the kidneys. An open fracture injury can cause severe bleeding leading to hypovolemia, or a decrease in circulating volume that can impair the kidneys. The patient has a history of smoking and HTN which can both lead to reduced blood flow, inflammation, renal impairment (increasing creatinine levels).
White Blood Cells  11.1 x 10 <sup>3</sup> u/L	A normal WBC range is 4.5-11.1 x 10 <sup>3</sup> , however with the trauma diagnosis of this patient I think that it is important to keep an eye on the borderline high WBC. Having a baseline WBC count can help to interpret and furthering infection response. Due to the trauma of an open fracture, the risk of infection is high. Adding in a history of smoking and HTN (impaired blood flow/perfusion and

	oxygenation), the chance of infection increases. Related to patient history and inflammatory response due to trauma, the risk of infection is a concern. Close monitoring of WBC counts can trending values in assessing infection.
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Diagnostic testing (explain what diagnostic tests were done with results):

<b>Diagnostic Testing</b>	<b>Results of Diagnostic Testing (Use complete sentences.)</b>
X-Ray Left Leg	X-Ray results of anterior/posterior and lateral view of lower left extremity showed a complete open oblique fracture of the left fibula and tibia.

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

<b>Medication (generic and trade name)</b>	<b>Classification (therapeutic and pharmacologic)</b>	<b>Indication for use (specific to this patient)</b>	<b>Nursing Interventions (Assessment, Education, Safety Measures) (List at least 3 per medication)</b>
<b>Tamsulosin (Flomax)</b>	<b>Therapeutic:</b> BPH agents  <b>Pharmacologic:</b> alpha adrenergic blockers	Enlarged prostate	<ol style="list-style-type: none"> <li>1. Assess patient for symptoms of BPH, such as urinary hesitancy, incomplete bladder emptying, urinary stream interruption, straining to start flow, urgency, dysuria, and dribbling.</li> <li>2. Monitor patient intake and output, daily weights, and edema for fluid retention.</li> <li>3. Educate patient on side effects such as orthostatic hypotension (move slow from a lying to standing position, if dizzy lay down), headache, dizziness, rhinitis, intraoperative floppy iris syndrome.</li> <li>4. Do not crush, open, or chew Tamsulosin for risk of side effects and toxicity.</li> </ol>
<b>Aspirin</b>  (Acuprin, Aspergum, Aspirin-Low, Bayer Aspirin, Bayer Times Release Arthritic Pain Formula, 8	<b>Therapeutic:</b> antiplatelet agents, antipyretics, nonopioid analgesics.  <b>Pharmacologic:</b> salicylates, NSAIDs	Hypercholesteremia – Antiplatelet to prevent thrombosis.  <b>Enlarged Prostate</b> – to decrease	<ol style="list-style-type: none"> <li>1. Monitor for manifestations of DRESS (Fever, rash, facial swelling, lymphadenopathy), dermatitis, SJS – discontinue if symptoms occur.</li> <li>2. Educate patient on taking with</li> </ol>

<p>Hour Bayer Timed Release, Empirin, Halfprin, Healthprin, St. Joseph Adult Chewable Apsirin, Therapy Bayer, Vazalore, ZORprin)</p>		<p>inflammation</p>	<p>full glass of water, to remain upright for 15-30 minutes after administration to decrease GI upset/ulceration.</p> <ol style="list-style-type: none"> <li>3. Educate patient on reporting tinnitus vomiting, abdominal pain, GI bleeding, nausea.</li> <li>4. Concurrent with natural supplement products such as ginger, ginkgo, arnica, clove, chamomile, garlic and clove can increase bleeding risk.</li> </ol>
<p>Metoprolol (Kapsargo Sprinkle, Lopressor, Toprol XL)</p>	<p><b>Therapeutic:</b> antianginals, antihypertensives. <b>Pharmacologic:</b> beta blockers.</p>	<p>Hypertension Off label: Atrial fibrillation</p>	<ol style="list-style-type: none"> <li>1. Monitor patient blood pressure, ECG, and pulse for bradycardia, hypotension, and bradypnea (withhold medication if pulse is &lt;50).</li> <li>2. Monitor intake and output, daily weights, manifestations of HF such as crackles, weight gain, edema, JVD, and dyspnea.</li> <li>3. Educate patient on side effects such as bradycardia, heart block, HF, hypotension (emergency), blurred vision, erectile dysfunction, decreased libido, urinary frequency, joint/back pain, fatigue, anxiety, dizziness, insomnia, bronchospasm, and pulmonary edema (emergency).</li> <li>4. Educate patient of safety risks associated with alcohol. Concurrent use with alcohol can cause hypotension.</li> </ol>
<p>Montelukast (Singulair)</p>	<p><b>Therapeutic:</b> allergy, cold &amp; cough remedies, bronchodilators <b>Pharmacologic:</b> leukotriene antagonists</p>	<p>COPD</p>	<ol style="list-style-type: none"> <li>1. Assess respiratory function and lung sounds prior to administration and during therapy.</li> <li>2. Educate patient on neurological side effects associated with Montelukast such as aggression, anxiety, fatigue, HA, insomnia, obsessive</li> </ol>

			<p>compulsive, stuttering, tremor, disorientation, agitation, depression and memory impairment.</p> <ol style="list-style-type: none"> <li>3. Educate patient on importance of notifying health care provider for safety risks such as SJS, toxic epidermal necrolysis, suicidal thoughts or behaviors.</li> <li>4. Report all OTC medications or Rx's such as herbal products, medications, vitamins to verify compatibility.</li> </ol>
<p>Atorvastatin  (Lipitor or Atoralig)</p>	<p><b>Therapeutic:</b> Lipid lowering agents  <b>Pharmacological:</b> hmg coa reductase inhibitors</p>	<p>Hypercholesteremia</p>	<ol style="list-style-type: none"> <li>1. Assess diet history, serum cholesterol and triglyceride levels. Monitor liver function tests for injury, as can increase AST/ALT.</li> <li>2. Educate patient on side effects such as rash, chest pain, hyperglycemia, abdominal cramps, constipation, diarrhea, heartburn, nausea, confusion, dizziness, HA, insomnia, weakness, arthritis, erectile dysfunction, and altered taste.</li> <li>3. Educate patient on safety risks or emergency side effects such as hypersensitivity reactions and rhabdomyolysis.</li> <li>4. Avoid grapefruit juice for risk of toxicity (Rhabdomyolysis), avoid heavy alcohol usage as can increase liver damage.</li> </ol>