

Simulation Prebriefing

Questions to answer in the prebriefing 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. Bring your completed prebriefing assignment (hand written report sheet and typed prebrief responses related to noticing and interpreting) to your simulation.

Report:

Listen to the pre-recorded hand off report located on Edvance360 in Resources. Utilize the hand off report sheet while listening to report. This will be checked for completion immediately prior to completing each simulation scenario.

Formulate additional questions for the off-going nurse to clarify unclear information or missing details from report. These questions can be written on the back of your 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.)?

The patient has a past medical history that includes peptic ulcer disease which leads me to believe that she has a duodenal ulcer since it is relieved with eating. Duodenal ulcers also present with burning and cramping pain that she reported as well. The ulcer may have perforated, but the labs are not a good indication.

What expectations do you have about the patient prior to caring for the patient?

The patient most likely has an duodenal ulcer and an infection. Her RBC and Hct are on the lower end, which may indicate that the ulcer may have perforated.

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

She has peptic ulcer disease and takes too much ibuprofen on a daily basis, she also smokes which can irritate the ulcer.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

Abdominal pain in the mid-epigastric region that is relieved with eating and characterized as burning and cramping.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC 20.1	Infection somewhere in the body
RBC 4.12	Ulcer may be bleeding
Hct 40%	Ulcer may be bleeding

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

Diagnostic Testing	Results of Diagnostic Testing
CBC	Showed RBC and Hct on the low end which may indicate active bleeding
CMP	Showed electrolytes, all are within normal limit

Medications (provide a list of all medications 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)
Aluminum hydroxide	Anti-ulcer agent, antacids	Adjunctive therapy in treatment of peptic, duodenal, and gastric ulcers	Assess location, duration, character, and precipitating factors of gastric pain Monitor serum phosphate and calcium levels
Omeprazole	PPI, antiulcer agent	Duodenal ulcer, with possible h.pylori infection	Admin before meals, preferably in morning Monitor bowel function, report diarrhea, abd cramping, fever, and bloody stools Assess for epigastric or abd pain
Lipitor	Lipid lowering agents Hmg coa reductase inhibitors	Hypercholesterolemia	Avoid grapefruit juice Obtain diet history, especially regarding fat consumption Evaluate cholesterol and triglyceride levels
Hydrochlorothiazide	Thiazide diuretic Antihypertensive	High blood pressure	Monitor BP, intake, output, and daily weight Assess feet, legs, and sacral area for edema
Ibuprofen	NSAID, nonopioid analgesic	Pain	Assess signs and symptoms of GI bleeding, renal dysfunction, and hepatic impairment
Novolog	Antidiabetics, hormones, pancreatic	Type 2 diabetes	Assess for symptoms of hypoglycemia and hyperglycemia Monitor body weight Monitor BG every 6 hours