

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.

Has this occurred before? When is the last time aspirin was taking? When is the last time he ate anything? How long has the abdominal pain been there? Does anything make it worse or better?

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.)?

Patient has a lot of GI diagnosis, such as peptic ulcer disease (PUD) and gastrointestinal reflux disease (GERD).

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

I expect that the patient will be complaining of epigastric pain. I expect that the patient could have coffee ground emesis and tarry stools. The patient will possibly be pale in color and diaphoretic d/t being diabetic. The patient will have a low BP and high pulse and respiratory rate d/t bleeding and shift in fluid.

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

I know that peptic ulcer disease can lead to bleeding d/t erosion of the mucosal lining and gastric juices irritate the lining of the stomach.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis): GI Bleed – this occurs when there is bleeding anywhere in the GI tract.

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
HCT	This lab was elevated d/t decrease in plasma volume from loose black tarry stools and GI bleed
Glucose	This lab was elevated d/t stress on the body from GI bleed
PT	This lab was elevated d/t increased internal bleeding from GI
PTT	This lab was elevated d/t increased internal bleeding from GI
INR	This lab was elevated d/t increased internal bleeding from GI
HgB	This lab was elevated d/t decrease in plasma volume from loose black tarry stool and GI bleed

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

Diagnostic Testing	Results of Diagnostic Testing
N/A	None reported

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)
Famotidine	Antiulcer agent Histamine H2 antagonists	Management of GERD	Assess for epigastric or abdominal pain and frank or occult blood in the stool, emesis or gastric aspirate. Monitor CBC wit diff periodically during therapy.
Metformin	Antidiabetics	Maintenance of	Observe for signs and

