

Simulation Prebriefing

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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.)?

He has a history of GERD and peptic ulcer disease but is a smoker, a type 2 diabetic and takes aspirin often for headaches, which could mean he has a bleed because of his stools that look like tar.

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

This patient is going to need a lot of education about how to manage his headaches and other comorbidities while having PUD. When a patient has PUD, they cannot take medications like NSAIDs (aspirin) because they already have a high risk for bleeding and these would increase the risk. Educating him about the use of acetaminophen instead of aspirin for headaches are important to teach. Also pointing out other ways to relieve headaches like a cool rag or sitting in a dim lit room when the headaches get severe.

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

The knowledge of what PUD is, how to manage it, and the proper ways to educate the patient. He is not aware of the severe effects of taking meds that "thin" the blood while having a disease where ulcers form in the stomach. This knowledge will help me educate the patient to a healthier life.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
HGB: 9.5 g/dL	Pt is likely bleeding somewhere, probably in the GI tract from the aspirin use, or could be related to his smoking habit
HCT: 30.2%	Also caused by a bleed, or his smoking
Glucose 122 mg/dL	The patient is a type 2 diabetic
PT 17 seconds	Blood is having trouble forming a clot, probably bleeding; possibly caused by the aspirin use
PTT 90 seconds	Blood is having trouble forming a clot, probably bleeding; possibly caused by the aspirin use
INR 2.2	Blood is having trouble forming a clot, probably bleeding; possibly caused by the aspirin

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

Diagnostic Testing	Results of Diagnostic Testing
CBC	To see if lab values support a bleed, to check for dehydration and electrolyte imbalances

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 Pepcid	Anti-ulcer agent Histamine h2	For his peptic ulcer disease	Monitor frequent CBCs, Focused abdominal assessment/

