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.)?

I noticed that the nurse stated that I should visit the patient soon because his pain was severe. I would assess the patient's pain as my priority by asking for a rating on a scale of 0-10 with 0 being no pain at all and 10 being the worst pain imaginable, identify if the pain was radiating anywhere, the quality of the pain, any signs of pain I notice such as facial grimacing or wincing, when the pain began, and if there is anything that makes the pain better or worse. and then administer 1 dose of 5 mg Morphine IM after asking the patient of any known allergies. After the drug is administered, I would continue to assess the patient after about 30 minutes to identify if his pain is decreasing.

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

Before caring for the patient, I anticipate he will be irritable due to how intense his pain is and because he has not received pain medicine yet. I also imagine he will be fearful or anxious about his procedure as this is very common for people to experience these emotions prior to surgery because of the lack of control they may feel or the worry they may feel about recovery.

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

I have worked with patients in the past who were in severe pain. These patients often do not want to talk much and give short responses. They are also usually adamant about

getting their pain medications as soon as possible. After their pain has decreased, I often notice a shift in their mood and behavior, and they are much more happy and cheerful. When it comes to their feelings before surgery, they will often ask many questions about the procedure, recovery, or the care they will receive after the operation so I would expect to be able to educate the patient.

Interpreting:

Interpret the following data:

Admitting medical diagnosis (definition of the diagnosis):

Left Leg Fracture; Complete open oblique fracture left tibia left fibula

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

Abnormal Lab Values	Rationale for Abnormal Lab Values
WBC 11.1	**Normal WBC 4.5-11** **Increase in WBC often indicates infection.** **(Because this is an open fracture, it opens the opportunity for infections to develop at the site)**
BUN 40	**Normal BUN 7-20** **Increase in BUN often indicates kidney or liver failure.** **(The patient has hypertension which can have an effect of the kidneys, causing the BUN levels to rise because of decreased filtering abilities by the kidneys)**
Creatinine 2.1	**Normal Creatinine 0.84-1.21** **Increase in creatinine can be caused by kidney disease/ failure.** **(This can be caused from the patient's hypertension effect on the kidneys or it can be an indicator of dehydration)**

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

Diagnostic Testing	Results of Diagnostic Testing
X-Ray	**Complete open oblique fracture of left tibia and left fibula**

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)
Cefazolin

Kefzol | Anti-infective

First generation cephalosporins | 1 gm in 100 mL IVPB infuse over 30 minutes | Assess patency of IV, infection (vitals, wound appearance, WBC), allergies, anaphylaxis, bowel function, rash |
0.9% NS		3 mL flush IV Q8H & PRN	Assess patency of IV and assess for any infiltration
0.9% NS IV		50 mL/hr continuous	Assess patency of IV and assess for any infiltration
Morphine	Opioid analgesics	5 mg IM x 1	Assess pain, vital signs, LOC,

Duramorph	Opioid agonists		addiction