# SECTION I: SCENARIO OVERVIEW

| | |
|---|---|
| **Scenario Title:** | Gastro-intestinal bleed-hypovolemia in post-op GYN patient (Case B) |
| Original Scenario Developer(s): | Marjorie A. Miller, MA, RN, CHSE |
| Date - original scenario | 11/12/07 |
| Validation: | 12/09 Dorothy Nunn, MSN |
| Revision Dates: | 2/09, 8/10, 4/11, 3/18 (M.Miller) |
| Pilot testing: | 2/09 |
| QSEN revision: | M.Miller, MA, RN, CHSE, C.O'Leary-Kelley PhD, RN, CNE |
| Adapted for Med-Surg Nurses | 7/11- Marjorie Miller, MA, RN, CHSE Anne Lucero, MSN, Sue Uchiyama, RN, Sarah Kennedy, RN |

Estimated Scenario Time: 15-20 min. Debriefing time: 30 – 40 min.

*This scenario can be used as Case B of unfolding GI bleed scenario. Case A is found in Fundamentals section.*

Target group: Fundamentals or early med-surg nursing students for recognizing change in status, implementing immediate actions to protect airway and maintain circulation and notifying higher level of care using SBAR communication. Could also be used for Pre-licensure senior nursing students, new graduates, staff nurses. (Adapted for use with staff nurses on Medical-Surgical unit)

Core case: Unexpected GI bleed in patient being prepared for discharge; unrelated to surgical procedure.

QSEN Competencies: Safety, Patient Centered Care, Teamwork and Collaboration

Brief Summary of Case: 40 year old woman of Asian descent 3 days post-operative following an abdominal oophorectomy. She is scheduled for discharge this morning. Participants are expected to assess patient, finalize patient teaching and prepare her for discharge. Depending on level of learner, may also plan to administer PO & IV meds.

As participants enter the room, they find patient ½ in and ½ out of the bed, moaning, with coffee ground emesis and black, loose stool all over the bed, gown, linens and floor. Water is spilled on the bedside table and the floor. It looks as if she vomited and was trying to get to the bathroom, but was unable to walk and fell back on the bed. Her skin is pale and cool.

Participants are expected to correctly manage the biohazard while minimizing exposure and falls, recognize significance of situation, place the patient in supine position with head turned to left side, assess airway, level of consciousness, vital signs and perform immediate interventions. They initiate requests for assistance and communicate using SBAR. The team leader should delegate one to call the primary nurse and have the ward secretary to call housekeeping.

More advanced learners can initiate IV's, prepare for NG insertion or transfer to Endoscopy; call health care provider and obtain new orders following principles of communication safety. Alternate ending can omit endoscopy and receive orders for IV bolus pantoprazole followed by drip for 48-72 hours.

**EVIDENCE BASE / REFERENCES (APA Format)**


Wilson, B., Shannon, M., Shields, K. (2018).*Prentice hall nurse's drug guide 2018*. Upper Saddle River, NJ: Prentice Hall.

Cefazolin (ancef ®). *(2018) Retrieved from http://www.pdr.net/drug-summary/Cefazolin-Sodium-cefazolin-sodium-1193.4553 on 3/09/18*

Cerulli, M., (2016) Upper GI Bleed. *Retrieved from https://www.emedicine.medscape.com on 3/09/18*

## SECTION II: CURRICULUM INTEGRATION

| A. SCENARIO LEARNING OBJECTIVES |
|---|
| **Learning Outcomes** |
| 1. Provide patient care that promotes safety and minimizes risk of error. |
| 2. Apply nursing process in clinical decision making. |
| 3. Integrate understanding of multiple dimensions of patient centered care. |
| 4. Communicate effectively with nursing and members of inter-professional team. |
| **Specific Learning Objectives** |
| 1. Apply principles of hand hygiene, infection control and personal protection. |
| 2. Correctly identify patient. |
| 3. Gather relevant patient, environmental and contextual data. |
| 4. Cluster relevant data to identify patient's primary problem. |
| 5. Recognize acute changes in patient's condition/environment needing immediate attention. |
| 6. Position patient for airway safety and optimal circulation. |
| 7. Recognize and initiate request for assistance and further orders appropriate to situation. |
| 8. Use communication strategies to minimize risk associated with change of status reporting |
| 9. Perform timely interventions to address urgent or primary problem(s). |
| 10. Evaluate effectiveness of immediate interventions |
| **Critical Learner Actions** |
| 1. Perform hand hygiene, don gloves, contain biohazards to prevent falls/further contamination |
| 2. Position patient safely back in bed. (supine & turned to left side to protect airway & promote circulation. |
| 3. Perform general survey and focused circulatory and airway assessment. |
| 4. Apply oxygen per agency protocol. |
| 5. Initiate request for assistance; delegate team member to contact housekeeping. |
| 6. Delegate tasks using team member name, "call-outs" and closed loop communication. |
| 7. Reassess relevant parameters to evaluate effectiveness of immediate interventions. |
| 8. Review available orders; recognize need for additional health care provider orders. |
| 9. Use standardized communication tool to communicate patient status to inter-professional team. |
| 10. Administer stat medications using principles of safety to minimize risk of error. |

| B. PRE-SCENARIO LEARNER ACTIVITIES | |
|---|---|
| **Prerequisite Competencies** | |
| Knowledge | Skills/ Attitudes |
| ❑ Structured Communication Tools (SBAR) | ❑ General survey, focused circ. & resp. assessment |
| ❑ CDC Guidelines for prevention of blood/body fluids exposure | ❑ Nursing interventions in acute GI bleed including airway protection & mgt. of biohazards, IV meds |
| ❑ Pathophysiology of GI bleed; hypovolemia | ❑ Significance of abnormal assessment findings |
| ❑ Current National Patient Safety Goals | ❑ Therapeutic communication skills in acute situations. |
| ❑ Pharmacology of IV pantoprazole | ❑ Interprofessional communication utilizing principles of teamwork and collaboration |
| ❑ Legal aspects of taking telephone orders | ❑ Protocol for taking telephone orders. |
| ❑ Accessing stat orders on EMR | ❑ Protocol for accessing stat orders on EMR |

## SECTION III: SCENARIO SCRIPT

| A. Case summary |
|---|
| Patient is a 40 year old woman of Asian descent who is 3 days post-operative following an abdominal oophorectomy. She is scheduled for discharge this morning. Participants are expected to assess patient, administer PRN Oxycodone/Acetaminophen and scheduled morning meds including her last IV antibiotic, remove the IV lock and finalize discharge teaching.<br><br>As participants enter the room, they find patient ½ in and ½ out of the bed, moaning, with coffee ground emesis all over the bed, gown, linens and floor. Water is spilled on the bedside table and the floor. It looks as if she vomited and was trying to get to the bathroom, but was unable to walk and fell back on the bed. Participants are expected to put on gloves, cover the emesis on the floor to prevent slipping, place the patient in supine position with head turned to left side, assess airway, level of consciousness. The team leader should delegate one to call the primary nurse and have the ward secretary to call housekeeping. |

| B. Key contextual details |
|---|
| Patient has been complaining of increasing pain and has taken more rather than less Oxycodone/Acetaminophen (Roxicet) and Ibuprofen in the last 36 hours. Nothing else pertinent to the situation except that patient is one of 4 patients that day and is considered the lowest priority. Staffing is appropriate for the day shift on this unit. |

| C. Scenario Cast | | |
|---|---|---|
| Patient/ Client | ❑ High fidelity simulator | |
| | ❑ Mid-level simulator | |
| | ❑ Task trainer | |
| | ❑ Hybrid (Blended simulator) | |
| | ❑ Standardized patient | |
| Role | Brief Descriptor (Optional) | Standardized Participant (SP) or Learner (L) |
| RN 1 | | Learner |
| RN 2 | | Learner |
| Patient's husband or sister | Arrives to take patient home. Very upset over situation | Standardized Participant |

| D. Patient/Client Profile | | | | |
|---|---|---|---|---|
| Last name: | Choy | | First name: | Hiroko |
| Gender: Fe | Age: 40 | Ht: 5'4" | Wt: 135# | Code Status: Full |
| Spiritual Practice: None stated | | Ethnicity: Asian-American | | Primary Language spoken: English |

| 1. History of present illness | |
|---|---|
| Patient is a gr.0/para 0 female with a 2 year history of lower abdomino-pelvic pain and distention. Her mother was recently diagnosed with ovarian cancer. | |
| **Primary Medical Diagnosis** | ovarian cyst |

| 2. Review of Systems | |
|---|---|
| CNS | Wnl, slightly anxious |
| Cardiovascular | Sinus rhythm @ 96; no murmurs, thrills or ectopy . B/P 130/85 |
| Pulmonary | Never smoked. RR-28, O2 sats 98% RA. Lungs clear |
| Renal/Hepatic | No complaints of urinary difficulties. GFR – wnl. Occasional alcohol (4 drinks/week) |
| Gastrointestinal | Occasionally uses OTC Zantac and Maalox for GI distress. Bowel habits – once daily |
| Endocrine | Gr 0/Para 0. Menses-17. Irregular periods w/dysmenorrhea Rx- Advil. Patch for BC |
| Heme/Coag | No hx of blood dyscrasias, excessive bleeding, clotting deficiencies |
| Musculoskeletal | Active ROM; moves all extremities equally. |
| Integument | Clear and intact |
| Developmental Hx | Married; college graduate; works full time as high tech. executive |
| Psychiatric Hx | None reported |
| Social Hx | Married 10 years; stable relationship; family members live in area; husband shares physical custody of 2 teenaged children from a previous marriage |
| Alternative/ Complementary Medicine Hx | Green tea for health reasons |

| | | | |
|---|---|---|---|
| Medication allergies: | Penicillin – *has taken Cephalosporins in the past without negative effects* | Reaction: | Total body rash |
| Food/other allergies: | | Reaction: | |

| 3. Current medications | Drug | Dose | Route | Frequency |
|---|---|---|---|---|
| | Cefazolin | 1 gram/50ml D5W | 1V | Every 8 hours |
| | Docusate sodium (Colace) | 100 mg | oral | Once daily |
| | IV flush | 10 ml | IV | Every 8 hours and PRN |
| | Oxycodone/Acetaminophen | 5 mg/325 mg (1 tab) | oral | Every 4-6 hrs PRN pain |
| | Ibuprofen | 600 mg | oral | Every 4 hours PRN mild pain |

| 4. Laboratory, Diagnostic Study Results | | | | | |
|---|---|---|---|---|---|
| Na: 138 | K: 3.8 | Cl: 100 | HCO3: 24 | BUN: 12 | Cr: 0.8 |
| Ca: 9.0 | Mg: | Phos: 3.5 | Glucose: 98 | HgA1C: | |
| Hgb: 11.2 | Hct: 32 | Plt: 145 | WBC: 7.9 | ABO Blood Type: O + | |
| PT | PTT | INR | Troponin: | BNP: | |
| Ammonia: | Amylase: | Lipase: | Albumin: | Lactate: | |
| ABG-pH: | paO2: | paCO2: | HCO3/BE: | SaO2: | |
| VDRL: | GBS: | Herpes: | HIV: | | |
| CXR: | | ECG: 12 lead - NSR | | | |
| CT: | | MRI: | | | |
| Other: | | | | | |

**E. Baseline Simulator/Standardized Patient State**
(This may vary from the baseline data provided to learners)

**1. Initial physical appearance**

| Gender: Female | Attire: hospital gown |
|---|---|

Alterations in appearance (moulage):

- Medium length straight black hair
- Patient half in and half out of bed with legs dangling. She is moaning.
- Coffee ground appearing substance is on the bed linens, patient's gown and on the floor surrounding the bed. It looks as if patient has vomited and was trying to get to the bathroom, but was unable to walk and slumped back into the bed.
- Skin: pale, cold, clammy (ice bags over arms, chest, head for 20 minutes prior to start of simulation. Be sure to remove ice prior to learners entrance) use either glycerin and water to spray face, arms, chest … or cover areas with Vaseline and spray with cold water prior to learners entrance into room.

| | | | | | |
|---|---|---|---|---|---|
| X | ID band present, accurate information | | ID band present, inaccurate information | | ID band absent or not applicable |
| X | Allergy band present, accurate information | | Allergy band present, inaccurate information | | Allergy band absent or not applicable |

**2. Initial Vital Signs Monitor display in simulation action room:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | No monitor display | x | Monitor on, but no data displayed | | Monitor on, standard display | | |

| | | | | |
|---|---|---|---|---|
| BP: 86/40 | HR: 120 | RR: 24 | T: 97.0 °F. | SpO2: 94% |
| CVP: | PAS: | PAD: | PCWP: | CO: |
| AIRWAY: | ETC02: | FHR: | | |
| Lungs: | Left: clear | | Right: clear | |
| Heart: | Sounds: | S1, S2 | | |
| | ECG rhythm: | Sinus tachycardia | | |
| | Other: | Pulses weak and thready | | |
| Bowel sounds: | Active x 4 | | Other: | |

**ALL DATA IN THIS SCENARIO IS FICTITIOUS**

| 3. Initial Intravenous line set up | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | **Saline lock #1** | Site: | Rt. forearm | | | | IV patent (Y/N) |
| | **IV #1** | Site: | | Fluid type: | Initial rate: | | IV patent (Y/N) |
| | Main | | | | | | |
| | Piggyback | | | | | | |
| | **IV #2** | Site: | | Fluid type: | Initial rate: | | IV patent (Y/N) |
| | Main | | | | | | |
| | Piggyback | | | | | | |

| 4. Initial Non-invasive monitors set up | | | | | |
|---|---|---|---|---|---|
| x | NIBP | x | ECG First lead: | | ECG Second lead: |
| x | Pulse oximeter | x | Temp monitor/type | | Other: |

| 5. Initial Hemodynamic monitors set up | | | | | |
|---|---|---|---|---|---|
| | A-line Site: | | Catheter/tubing Patency (Y/N) | CVP Site: | PAC Site: |

| 6. Other monitors/devices | | | | | |
|---|---|---|---|---|---|
| | Foley catheter | Amount: | | Appearance of urine: | |
| | Epidural catheter | | Infusion pump: | Pump settings: | |
| | Fetal Heart rate monitor/tocometer | | | Internal | External |

**Environment, Equipment, Essential props**

Recommend standardized set ups for each commonly simulated environment

**1. Scenario setting: (example: patient room, home, ED, lobby)**

Medical-surgical patient room

**2. Equipment, supplies, monitors**

(In simulation action room or available in adjacent core storage rooms)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | Bedpan/ Urinal | x | Foley catheter kit | | Straight cath. kit | x | Incentive spirometer |
| x | IV Infusion pump | | Feeding pump | | Pressure bag | x | Wall suction |
| x | Nasogastric tube | | ETT suction catheters | x | Oral suction cath. | | Chest tube insertion kit |
| | Defibrillator | | Code Cart | | 12-lead ECG | | Chest tube equip |
| | PCA infusion pump | | Epidural infusion pump | | Central line Kit | x | Dressing Δ equipment |
| x | IV fluid Type: Normal Saline (available)<br>IV tubing types: standard for Alaris pump<br>Piggyback tubing. | | | | Tubes/drains<br>Type: | | Blood product<br>ABO Type:<br># of units: |

**3. Respiratory therapy equipment/devices**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | Nasal cannula | | Face tent | x | Simple Face Mask | x | Non re-breather mask |
| x | BVM/Ambu bag | | Nebulizer tx kit | | Flowmeters (extra supply) | | |

| 4. Documentation and Order Forms | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | Health Care Provider orders | x | Med Admin Record | x | H & P | x | Lab Results |
| | Progress Notes | x | Graphic record | x | Anesthesia/PACU record | | ED Record |
| x | Medication reconciliation | | Transfer orders | | Standing (protocol) orders | | ICU flow sheet |
| x | Nurses' Notes | x | Dx test reports | | Code Record | | Prenatal record |
| x | 2 medical record binders, constructed per institutional guidelines or EMR | | | x | Other Describe: Bedside chart with meds/documentation or EMR | | |

| 5. Medications (to be available in sim action room) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **#** | **Medication** | **Dosage** | **Route** | | **#** | **Medication** | **Dosage** | **Route** |
| 1 | Cefazolin | I gram | IVPB | | 1 | Colace | 100 mg | PO |
| 6 | Pre-filled NS flush | 3 mL | IV | | 4 | Ibuprofen | 600 mg | PO |
| 4 | Oxycodone/Acetaminophen | 5/325 | PO | | 1 | Normal Saline | 1000mL | IV |
| 2 | Ondansetron (Zofran) | 4 mg | IV | | 1 | Normal Saline | 500 mL | IV |
| *Available in Control Room or Pyxis if physician orders during scenario* | | | | | | | | |
| 1 | Pantoprazole | 80 mg | IV bolus | | 1 | Pantoprazole 40 mg in 100 mL NS | 8 mg/hr | IV |

| CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES | | | |
|---|---|---|---|
| **Initiation of Scenario :** (Report from previous shift) Hiroko Choy is a 40 year old Asian-American who is 3 days post op abdominal oophorectomy who is ready for discharge after her last dose of Ancef this morning. She has done well, but still has pain. She just called out a minute ago requesting something for pain and nausea. She has Roxicet and Zofran ordered. Vital signs are stable at 120-130/70-90, HR 72-80, R 16-20. She is afebrile. Dressings are dry, minimal abdominal distention, appetite poor due to indigestion, which she reports she has when she gets stressed. She's drinking and voiding well. Scenario begins with nurses entering room. | | | |
| **STATE / PATIENT STATUS** | **DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE** | | |
| **1. Baseline**<br><br>Patient slumped with one leg out of bed as if she couldn't quite make it back to bed. She is moaning. Linens, gown, floor stained with coffee ground emesis. Patient moaning and saying "sorry". HOB is ↑ to 45°. | **Operator**<br><br>▪ $O_2$ sats 95%<br>▪ EKG – sinus tachy @ 120<br>▪ BP – 86/40 to 90/44 w/position change<br><br>**Triggers:**<br>• Learner actions completed within 4 minutes<br>• If not completed in time allotted, ↓ BP, ↑ HR, | **Learner Actions**<br><br>▪ Lower head of bed to flat<br>▪ Turn patient to (L) side, check airway<br>▪ Universal precautions<br>▪ Manage biohazard to minimize exposure and slipping<br>▪ Check BP, $O_2$ sats, Check quality of pulse<br>▪ Administer O2 per agency protocol<br>▪ Reassure patient w/ clear, calm statements | **Debriefing Points:**<br><br>▪ National Patient Safety Goals to minimize risk of error and exposure to biohazards.<br>▪ Rationale for positioning<br>▪ Signs of increasing/decreasing perfusion<br>▪ Skin signs of perfusion<br>▪ Significance of changes in patient status<br>▪ Strategies for communicating with patient to decrease own and patient anxiety |

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|---|---|---|
| **2.**<br><br>Patient's anxiety ↑, restless, apologizing for making such a mess. Gradually demonstrates ↓ LOC during scene. | **Operator:**<br><br>▪ $O_2$ sats 95%<br>▪ EKG – sinus tachy @ 126<br>▪ BP 80/50<br>▪ R 26/shallow. Breath sounds clear<br><br>When (if) HOB is ↓, raise BP to 84/50.<br><br>EKG – sinus tachycardia 120<br><br>**Triggers:**<br>▪ Learner Actions complete within 4 minutes<br>▪ If incomplete, gradually ↓ BP, ↑ HR, ↓ LOC | **Learner Actions:**<br><br>▪ Reassess following immediate interventions<br>▪ Assess breath sounds<br>▪ Recognize deteriorating vital signs and LOC<br>▪ Check health care providers orders<br>▪ Initiate call for assistance<br>o Charge nurse<br>o Housekeeping<br>▪ Communicate change of status to charge nurse.<br>▪ Initiate call to physician for new orders.<br>▪ *Take telephone orders accurately per agency protocol.*<br>▪ Continue to reassure patient | **Debriefing Points:**<br><br>▪ Rationale for lack of response to immediate interventions<br>▪ Communication strategies to minimize risks of error during reporting change of status<br>▪ Factors indicating requirement for collaboration with higher level of care<br>▪ Anticipate health care provider orders<br>▪ Rationale for checking breath sounds -vomiting – possible aspiration |

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|---|---|---|
| **3.**<br><br>Continues to demonstrate ↓ LOC.<br><br>Patient's husband or sister arrives to take patient home. Visibly upset over change in condition.<br><br>*Provider Orders*<br>1. 500 mL NS wide open STAT<br>2. Protonix 80 mg IV bolus stat<br>3. Protonix 40 mg in 100 mL NS to run at 8 mg/hr for 48 hours<br>4. CBC stat, lytes<br>5. Type & cross match for 2 Units PRC | **Operator:**<br><br>HR 120→110<br>RR 24 →20 RR deepens<br>$O_2$ Sat 95%<br>BP gradually ↑ to 90/68<br><br>**Triggers:**<br>▪ Learner Actions completed within 8 minutes | **Learner Actions:**<br><br>▪ Respond appropriately to patient's continued ↓ LOC<br>▪ Delegate tasks to assisting staff utilizing names, "call-out's" & closed loop communication.<br>▪ Continue to stimulate, orient the patient and protect airway.<br>▪ Assess IV lock for size and patency. Restart if necessary.<br>▪ Initiate IV Normal Saline fluid challenge<br>▪ Administer protonix 80 mg IV<br>▪ Assist with preparation of patient for Endoscopy procedure (optional)<br>▪ Communicate with family to allay anxiety. | **Debriefing Points:**<br><br>▪ Anticipate health care providers orders in situation<br>▪ Standards of practice for patients with GI bleed<br>▪ Rationale and patient preparation for endoscopy<br>▪ Strategies to protect patient during transport<br>▪ Scope of practice for staff nurse on med-surg unit<br>▪ Role of ↑PPI's in acute GI bleed<br>▪ Importance of continued reassessment of unstable patient<br>▪ Importance of communication with family.<br>▪ Strategies to deal with anxious and disruptive family members.<br>▪ Team *STEPPS* teamwork and collaboration protocols |

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|---|---|---|
| **4.**<br>Patients LOC ↑. Responds to husband or sister. Continues to apologize for the mess and inconvenience.<br><br>Family member calms – communicating with patient and nurses. Not disruptive. | **Operator**<br>HR 110→100<br>RR 20<br>$O_2$ Sat 95%<br>BP 104/68 | **Learner Actions**<br>▪ Reassess patient's VS & airway<br>▪ Reassess IV status<br>▪ Hang Protonix IV drip to run at 8 mg/hr | **Debriefing Points**<br>▪ Elements of safe "hand-off" report to Endo team (optional)<br>▪ Elements of important communication with family |
| Scenario End Point: Endoscopy arrives to collect patient. Learner communicates "hand-off" report (or can end scenario when Protonix is hung.) If NG is ordered and Endoscopy on hold, can either add another scenario or end when NG is inserted) | | | |
| Suggestions to <u>decrease</u> complexity: Discontinue scenario when charge nurse arrives to help.<br>Suggestions to <u>increase</u> complexity: Higher level of learners – initiate IV, NG tube. Husband arrives to take patient home, visibly upset and demands to see physician immediately. Disruptive. | | | |

| Patient Name: Hiroko Choy<br><br>DOB: 12/20/1970<br>Age: 40<br><br>MR#: 123456 | Diagnosis: Ovarian Cyst.<br>Left abdominal salpingo- oophorectomy |
|---|---|

† No Known Allergies

† Allergies & Sensitivities Penicillin – has taken cepalosporins without reaction in past

| Date | Time | HEALTH CARE PROVIDER ORDERS AND SIGNATURE |
|---|---|---|
| 08/14 | 1000 | Admit to medical surgical floor |
| | | Diagnosis: ovarian cyst, (L) salpingo-oophorecomy |
| | | Standard care for post op surgical patient. |
| | | NPO for 4 hours, clear liquid diet until tomorrow morning then, advance diet as tolerated |
| | | Ambulate tonight, progress as tolerated |
| | | TED stockings, remove q shift for 15 minutes |
| | | SCD's until ambulating |
| | | Incentive spirometer q 1 hr. while awake |
| | | O2 protocol Titrate O2 to keep saturation ≥ 92% |
| | | IV D5W 1/2 NS 20 KCL 125 ml/hr; hang 500 mL NS flush bag for piggy backs |
| | | Morphine PCA, basal rate 2-4 mg/hr. 1-2 mg/hour bolus dose not to exceed 4mg/hr. |
| | | Ondansetron (Zofran) 4 mg IV x1 after surgery |
| | | Cefazolin (Ancef) IV 1 gm q. 6 hours. |
| | | Docusate Sodium (Colace) 100 mg qHS |
| | | M Markam MD |
| 08/16 | 0800 | DC PCA Morphine |
| | | Oxycodone/Acetaminophen (5/325) 2 Tabs P.O. q 4hrs PRN, moderate to severe pain |
| | | Acetaminophen 650 mg PO q6 hours PRN mild pain or temperature > 38° C. |
| | | Ibuprofen 600 mg P.O. q6 hours |
| | | Convert IV to IV lock |
| | | M Markam MD |
| 8/17 | 0800 | Discharge home today |
| | | Discharge medications: |
| | | Oxycodone/Acetaminophen (5/325) 1-2 Tabs P.O. q 6 hrs PRN, moderate incision pain |
| | | Ibuprofen 1-2 tabs P.O. q4-6 hours PRN, not to exceed 1200 mg/d, mild incision pain |
| | | Discontinue IV |
| | | Appointment to see me in one week |
| | | . M Markam MD |

| Patient Name: Hiroko Choy<br><br>DOB: 12/20/1970<br><br>Age: 40<br><br>MR#: 123456 | Diagnosis: Ovarian Cyst.<br>Left abdominal salpingo- oophorectomy |
|---|---|

†No Known Allergies
†Allergies & Sensitivities Penicillin – has taken cepalosporins without reaction in past

| Date | Time | HEALTH CARE PROVIDER ORDERS AND SIGNATURE |
|---|---|---|
| | | **Telephone Orders during scenario** |
| **8/17** | 1000 | 1. Vital Signs and O2 sat. Q 5-15 min. PRN |
| | | 2. Give NS 500 mL fluid challenge now wide open rate |
| | | 3. Follow IV challenge with NS at 150 mL/hr<br>4. NPO |
| | | 5. Administer Pantoprazole 80 mg in 20 mL NS STAT<br>6. Follow with Pantoprazole 40 mg in 100 mL NS at 8 mg/hr x 72 hours<br>7. Lytes and CBC, platelets |
| | | 8. Type and Cross 2 units PC |
| | | 9. Call endoscopy for potential client, I will call GI consult |
| | | 10. O2 per protocol |
| | | 11. Discontinue discharge |
| | | M Markam MD |
| | | |
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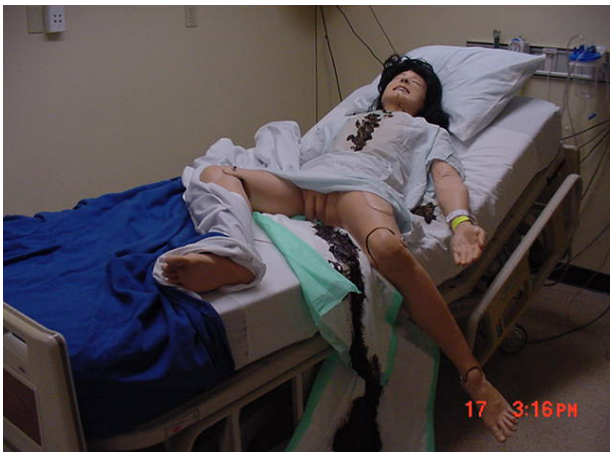
## APPENDIX B: Digital images of manikin and/or scenario milieu




# HISTORY AND PHYSICAL

**Source of Information**: patient
**Chief Complaint**: lower abdominal and pelvic pain

**History of Present Illness (HPI)** Patient is a gr.0/para 0 female with a 2 year history of lower abdomino-pelvic pain and distention. Her mother was recently diagnosed with ovarian cancer. Patient's preliminary diagnosis is ovarian cyst.

**Past Medical History:** Patient has been in good health

**Current Medications, dosage and frequency:** Zantac and Maalox occasionally for GI distress

**Personal & Social History:** Asian Female, age 40, Married 10 years; stable relationship; family members live in area; husband shares physical custody of 2 teenaged children from a previous marriage

**Review of Systems:**

| | | | |
|---|---|---|---|
| Height: 5'4" | Weight: 135# | BMI: | LMP: |
| BP 130/85 | T 98.6 | P 96 | R 28 |

General: 40 year old Asian female, alert and cooperative, in general good health, c/o pelvic pain, slightly tense appearance while sitting for exam. Well groomed, communicates well, and expresses appropriate concern thought history.

Head/CNS: No problems with balance, walking; speech clear, articulates clearly, answers questions in detail.

Skin: Slightly sallow/pink complexion, soft, moist mucous membranes, tugor with instant recoil, no lesions, tenderness or edema, brisk capillary refill, hair with normal female distribution.

EENT: Head erect and midline, eyes clear with full visual fields, wears glasses for reading. No sinus congestion or discharge. Tongue is midline with no lesions. Lymph nodes non-palpable, with full range of motion of the neck.

Lungs: Muscle and respiratory effort symmetric without use of accessory muscles; I/E ratio is 1:1, resonant percussion throughout: without adventitious sounds; even, quiet breathing.

Cardiac: Regular rhythm, no heaves or lifts. S1 & S2 heard best at base, no visible pulsations, additional heart sounds or murmurs

Abdomen: Abdomen soft, rounded & non-tender, bowel sounds heard all quadrants. Mild pelvic distension & tenderness with palpation. Regular BM once daily in the morning.

Musculoskeletal: Joints to both hands with good mobility, no tenderness, swelling, heat or erythema noted. Remainder of muscles, spine and extremities are in good alignment. No problems noted.

**Hiroko Choy** Mark Markam M.D.
DOB 12/20/1970 MR# 123456

| | | | | |
|---|---|---|---|---|
| WBC | 12.4 | ( 4.8 – 10.8) | | |
| RBC | | (4.2 – 6.0) | | |

| | | | |
|---|---|---|---|
| HGB | 11.2 | (12.0 – 16.0) | |
| HCT | 32 | (34.0 – 43.0) | |
| MCV | | (81.0 – 99.0) | |
| MCH | | (27.0 – 31.0) | |
| MCHC | | (32.0 – 36.0) | |
| RDW | | (11.5 – 14.5) | |
| PLAT COUNT | 145 | (150 –400) | |
| M PLAT CT | | (7.4 – 10.4) | |
| AUTO DIFF % | | | |
| BANDS | | | |
| NEUT | | (2.7-9.2) | |
| LYMP | | (1.2-3.6) | |
| MONO | | (0.11-0.59) | |
| EOS | | (0.0-0.45) | |
| BASO | | (0.0-0.15) | |
| PT | | (10.5-13.0sec) | |
| INR | | | |
| PTT | | (21-36sec) | |

**CHEMISTRY**

| | | | |
|---|---|---|---|
| NA | 138 | (135-153) | |
| K+ | 3.8 | (3.6-5.4) | |
| CL- | 100 | (98-108) | |
| CO2 | 24 | (23-33) | |
| ANION GAP | | (7-19) | |
| OSM CA++ | | (275-300) | |
| CA++ BLD | 9 | (8.7-10.4) | |
| ALBUMIN | | | |
| SERUM PROTEINS | | | |

| | | | |
|---|---|---|---|
| GLU | | (70-110) | |
| BUN | 12 | (7-29) | |
| CREAT | 1.12 | (0.5-1.4) | |
| BUN/CREAT | | (10.0-20.0) | |
| GFR | | | |
| AST(SGOT) | | (8.42) | |
| ALT(SGPT) | | (0-55) | |
| ALK PHOS | | (50-136) | |
| TOTAL BILI | | (0-1.0) | |
| BNP | | (0-99) | |
| CPK | | | |
| Troponin | | ` | |

| **LABORATORY REPORT** | **Hiroko Choy** Mark Markam M.D.<br>DOB 12/20/1970 MR# 123456 |
|---|---|

## APPENDIX C: DEBRIEFING GUIDE

| General Debriefing Plan | | | |
|---|---|---|---|
| ☐ Individual | ☐ Group | ☐ With Video | ☐ Without Video |

| Debriefing Materials | | | |
|---|---|---|---|
| ☐ Debriefing Guide | ☐ Objectives | ☐ Debriefing Points | ☐ QSEN |

| QSEN Competencies to consider for debriefing scenarios | | |
|---|---|---|
| ☐ Patient Centered Care | ☐ Teamwork/Collaboration | ☐ Evidence-based Practice |
| ☐ Safety | ☐ Quality Improvement | ☐ Informatics |

**Sample Questions for Debriefing**

1. How did the experience of caring for this patient feel for you and the team?
2. Did you have the knowledge and skills to meet the learning objectives of the scenario?
3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP?
5. How would you handle the scenario differently if you could?
6. In what ways did you check feel the need to check ACCURACY of the data you were given?
7. In what ways did you perform well?
8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members?
9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?
10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome?
11. Discuss actual experiences with diverse patient populations.
12. Discuss roles and responsibilities during a crisis.
13. Discuss how current nursing practice continue to evolve in light of new evidence.
14. Consider potential safety risks and how to avoid them.
15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care.

**Notes for future sessions:**