

Kansas State Board of Nursing  
Simulation Scenario Library

Level of the Scenario:

Beginning  X       Intermediate \_\_\_\_\_      Complex \_\_\_\_\_

Specialty: Level I, Second Nursing and Clinical Rotation, Basic Medical/Surgical Nursing

Brief Overview of the Scenario: Four scenarios were developed to review skills from the students first rotation (1) and to reinforce the new skills introduced this rotation (2).

Scenario A:

Prepare the patient for a bedside procedure or out-patient procedure.

Scenario B:

Assess unresponsive coughing patient with continuous Dobhof or NG tube feeding. Pt found coughing with bubbles and tube feeding on face and gown. HOB < 15 °.

Scenario C:

OBS Patient involved in an ATV rollover. R/O closed head injury and Neck/spinal injuries. Multiple Abrasions.

Scenario D:

Pt. with new g-tube placed to start bolus feedings and medication. HX: CVA month prior w/right sided weakness, dysphasia, aphasia, and confusion.

Contributed by:      Debra K. Brown RN, BSN and Teresa Faust RN, MSN (Faculty)  
Mary Grimes School of Nursing  
Neosho County Community College - Ottawa (School)

Date of Submission: \_\_\_\_\_

### Simulation Design Template

Discipline: PN

Reviewed by:

Course: NSG2, Scenario A

Debrief/ Guided Reflection Time: 30

Expected Simulation Run Time: 1 hour

Prep/report 10 minutes, 10 minutes charting, and 10 minute break

All four scenarios were designed to run in one day, allowing each group of students to participate in each of the scenario.

#### Scenario A will be presented in full.

<p><b>Brief Description of Patient:</b>  <b>Name:</b> <i>Frederick Clark</i>  <b>Gender:</b> <i>Male</i>  <b>Age:</b> <i>54</i>  <b>Race:</b> <i>Northern European Blend Caucasian</i>    <b>Weight:</b> _____/kg <u><b>185</b></u> /lb  <b>Height:</b> _____/cm <u><b>5' 10"</b></u>/ft in.  <b>Religion:</b> <i>Christian</i>  <b>Major Support:</b> <i>Wife and 2 children</i>    <b>Phone:</b> <i>785-555-1222</i>  <b>Allergies:</b> <i>horse serum</i>    <b>Immunizations:</b> <i>Current</i>  <b>Attending Physician:</b> <i>Justin Simulation MD</i>  <b>PMH:</b> <i>GERD, CA Prostrate</i>  <b>History of present Illness:</b>    <b>Social History:</b> <i>Married, Cattlemen</i>    <b>Primary Diagnosis:</b> <i>In retractable Pain</i>  <b>Surgeries/Procedures:</b>  <i><b>TURP 2 yrs prior, Vasectomy age 28</b></i></p>	<p><b>Psychomotor Skills Required prior to Simulation:</b>    <b>Phone orders</b>  <b>Pt positioning</b>  <b>Sterile field</b>  <b>Neuro/circ checks</b>    <b>Cognitive Skills Required prior to Simulation:</b>    <b>Informed consent</b>  <b>Focused Assessments</b>  <b>Foley Placement</b>  <b>Establishing priorities</b>    <b>Concepts needed for Review:</b>  <b>Information on Spinal Steroid Epidural Injections</b></p>
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#### Simulation Learning Objectives:

1. Perform focused system assessments
2. Interpreting and initiating written DR orders
3. Prioritizing patient care from written orders
4. Differentiate changes in Pt conditions as expected vs adverse
5. Contact MD to report changes and Take Phone Orders
6. Summarizes aspects of Informed Consent
7. Accept roles to facilitate Team work

**Fidelity**

<p>Setting/Environment:</p> <ul style="list-style-type: none"> <li>ER</li> <li><b>X</b> Med-Surg</li> <li>ICU</li> <li>OR/PACU</li> <li>Women's Center</li> <li>Pre-Hospital</li> <li>Other</li> </ul> <p>Simulator mannequin /s Needed: <b>static mannequin</b></p> <p>Props: <i>IM site</i></p> <p>Equipment attached to manikin:</p> <ul style="list-style-type: none"> <li>IV tubing with primary line of _____ fluids running at _____ mL/hr.</li> <li>Secondary IV line _____ running at _____ mL/hr.</li> <li>Foley catheter _____ mL output and color _____.</li> <li>PCA Pump running</li> <li>O2</li> <li>Monitor attached</li> <li><b>X</b> ID Band/Allergy Band</li> <li>Other</li> </ul> <p>Equipment available in room:</p> <ul style="list-style-type: none"> <li>Bedpan/Urinal</li> <li><b>X</b> Foley kit</li> <li>Straight catheter kit</li> <li>Incentive Spirometer</li> <li>Fluids</li> <li>IV start Kit</li> <li>IV tubing</li> <li>IV Pump</li> <li>Feeding Bag</li> <li>Pressure Bag</li> <li>O2 delivery device, type _____</li> <li>Crash Cart w/airways and Medications</li> <li>Defibrillator/Pacer</li> <li>Suction</li> <li><b>X</b> Other: Spinal Epidural Tray</li> </ul>	<p>Medications and Fluids</p> <ul style="list-style-type: none"> <li>IV Fluids:</li> <li>IVPB:</li> <li><b>X</b> <b>Oral Meds:</b> Flexeril 10 mg , Prilosec 20 mg, Surfak 240 mg, Percocet 10/ 325 mg , Ativan 1mg PO</li> <li><b>X</b> <b>Topical:</b> Duragesic Patch 75 mcg</li> <li><b>IM or SC:</b> Morphine 10mg IM</li> </ul> <p>Diagnostics Available:</p> <ul style="list-style-type: none"> <li><b>X</b> Labs: CBC, BMP, UA, &amp; PSA</li> <li>X ray (Images)</li> <li>12 lead EKG</li> <li>Other:</li> </ul> <p>Documentation Forms</p> <ul style="list-style-type: none"> <li><b>X</b> Physician Orders</li> <li>Admit Orders</li> <li><b>X</b> Flow sheet</li> <li><b>X</b> MAR</li> <li>Kardex</li> <li><b>X</b> Graphic Record</li> <li><b>X</b> Shift Assignment</li> <li>Triage Form</li> <li>Code Record</li> <li>Anesthesia Record</li> <li>Standing Orders</li> <li>Transfer Orders</li> <li>Other: Consent: Spinal Epidural Injection with LS Regional Anesthetic Block</li> <li><b>X</b> Consent Form</li> <li><b>x</b> Chart and Lab reports</li> </ul> <p>Other Props:</p> <ul style="list-style-type: none"> <li><b>X</b> IM site or injection pad</li> <li><b>X</b> Sterile Gloves size 7 1/2</li> <li><b>x</b> Scrub Sponge/brushes</li> </ul> <p>Recommended Mode for simulation:</p>
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**References, Evidence-Based Practice Guidelines, Protocols,  
or Algorithms used in this Scenario:**

(site source, author, year, and page)

Adams, Michael; Jesehpson, Dianne L.; and Holland, Jr., Leland. Pharmacology for Nurses – A Pathophysiologic Approach, (first printing), Pearson/Prentice Hall, Upper Saddle River, NJ, 2005.

Berkowitz, C. M. (1997). Epidural Pain Control – It's Your Job. RN, Vol.60, Iss. 8, 22-27.

Burke, Karen; LeMone, Priscilla; and Mohn-Brown, Elaine. Medical-Surgical Nursing, 2nd ed., Prentice Hall, 2003.

Curren, Anna M. Dimensional Analysis for Meds, 3<sup>rd</sup> ed., Delmar, 2006.

Elkin, Martha Keene; Perry, Anne Griffin; & Potter, Patricia A. Nursing Interventions & Clinical Skills, 3<sup>rd</sup> ed., Mosby, Inc., St. Louis, MO, 2004.

or Mosby's Nursing Drug Reference, 2005; Mosby, Inc., St. Louis, MO, 2002.

Pagana, Kathleen and Pagana, Timothy. Diagnostic and Laboratory Test Reference, 7<sup>th</sup> ed., Mosby, Inc., St. Louis, MO, 2005.

Potter, Patricia Ann and Perry, Anne Griffin. Fundamentals of Nursing, 6<sup>th</sup> ed., Mosby-Year Book, Inc., St. Louis, 2005.

Simini, B. (2000). Patient's perceptions of pain with spinal, intramuscular, and venous injections. The Lancet, Vol. 355. 1076

Staeher, R. (2001). Lumbar epidural steroid injections for low back pain and sciata. [www.spine-health.com/topics/conserv/epidural/feature/epi01.html](http://www.spine-health.com/topics/conserv/epidural/feature/epi01.html)

Weber, Janet. Nurses' Handbook of Health Assessment, 5<sup>th</sup> ed., J. B. Lippincott, Philadelphia, 2005.

### Scenario Progression Outline

Timing	Programming Data (Manikin Actions)	Expected Interventions	Teaching Points for Debriefing
<p>Initial stage:</p> <p>Baseline Vital Signs:</p> <p>T</p> <p>P</p> <p>R</p> <p>BP</p> <p>Cardiac Rhythm</p> <p>Breath Sounds</p> <p>Heart Sounds</p> <p>Abdominal Sounds</p> <p>Other Symptoms</p> <p>Verbalization(s) of the simulator</p>	<p><b>VS WNL</b></p> <p><b>Pain 8 of 10</b></p> <p><b>NSR</b></p> <p><b>CTA</b></p> <p><b>S1 &amp; S2</b></p> <p><b>Hypoactive</b></p> <p><b>"What's the Dr. going to do and how will it help with the back pain?"</b></p>	<p><b>Pre-meds as ordered</b></p> <p><b>Review consent form and procedure with patient.</b></p>	<p><b>Informed Consent</b></p> <p><b>Patient education</b></p> <p><b>Correlation of med, lab and current order</b></p> <p><b>Roles of Pt advocate and MD assistant</b></p>
<p>Stage 1</p> <p>Worsing of Condition</p> <p>Multiple stages are possible depending on the complexity of the scenario</p>	<p><b>Transient diminished BLE numbness after spinal.</b></p>	<p><b>Report to MD</b></p>	<p><b>Expect Side effect vs change in Pt condition.</b></p>
<p>Conclusion of the scenario</p>	<p><b>Procedure complete. Pt stable.</b></p> <p><b>BLE sensation returning.</b></p> <p><b>Pain &lt; 5.</b></p>	<p><b>Position for comfort .</b></p> <p><b>Reasses Pain and Neuro/Circ</b></p> <p><b>Disposition of supplies and samples</b></p>	

## **Guided Reflection Question for Simulation**

### **Homework**

Type your responses.

1. Describe the new and reinforced skills you had with each of today's scenarios. Include time, setting, and activities to highlight the events.
2. For each scenario describe what information will need to pass on to the on-coming staff.
3. Please describe additional information that you might have received in report that may have made the sessions more successful.

### **Debriefing Activity for Simulation**

#### **Large group**

Arrange students in the simulation groups (4-5 STUDENTS) this will be one team.

Assign each team a dry-erase marker. Use a different color for each group.

Have each member of the team write their response on the board, passing the marker as a relay baton, until all have responded. All team start after the question/or request is made.

List one thing you had to visit with the doctor about.

Discuss similarities of listed things. The majority will be to report a change in pt. condition.

List an item of information the Dr. requested of you.

Discuss similarities of listed things. Physical assessment data, lab data or radiology reports.

List something that made performing in s scenario situation hard for you.

Discuss the similarity and the variety of responses.

Conclusion: students nominated another student for the outstanding student in a simulation role by closed ballot. Win was announced and speech was given.

### **Complexity – Simple to Complex**

Suggestions for changing the complexity of this scenario to adapt to different levels of learners:

1. Adverse reaction to medication
2. Pt was not able to give consent for self.
3. PCA analgesic with IV pre-meds
4. Pt in reverse isolation from recent chemo
5. Complication from LP( headache, nausea, vomiting)

Suggestions to change the presentation of the scenario from one group to another to allow for "on the fly":

This component is included in the design.



**NCLEX – PN Test Plan Categories**

Safe Effective Care Environment		Health Promotion & Maintenance	Psychosocial Integrity
<i>Management of Care</i> Advance Directives  Advocacy Client Care Assignments Client Rights Concepts of Management & Supervision Consultation with Multi-disciplinary Team Confidentiality Continuity of Care Ethical Practice Informed Consent Legal Responsibilities Quality Assurance Referral process  Resource Management	<i>Safety &amp; Infection Control</i> Accident Prevention Error Prevention Home Safety Injury Prevention Medical & Surgical Asepsis Safe use of Equipment Security Plans Use of restraints/ Safety Devices Reporting of Incident/Event/ Irregular Occurrence/ Variance Handling Hazardous and Infectious Materials	Aging Process Data Collection Techniques Disease Prevention Family Planning Family Interaction Patterns Growth & Development Health & Wellness Health Promotion/Screening Programs High Risk Behaviors Human Sexuality Immunizations Lifestyle Choices Self Care Techniques of Physical Assessment Developmental stages and Transitions Expected Body Image Changes Ante/Intra/Postpartum & Newborn Care	Abuse or Neglect Behavior Interventions Behavior Management Coping Mechanisms Crisis Intervention Cultural Awareness End of Life Concepts Grief and Loss Mental Health Concepts Mental Illness Concepts Sensory/Perceptual Alterations Situational Role Changes Stress Management Substance-Related Disorders Suicide/Violence Precautions Support Systems Therapeutic Environment Therapeutic Communication Religious and Spiritual Influences on Health

Physiological Integrity			
<i>Basic Care and Comfort</i> Assistive Devices Elimination Mobility/Immobility Non-Pharmacological Comfort Interventions Nutrition & Oral Hydration Palliative/Comfort Care Personal Hygiene Rest & Sleep	<i>Pharmacological and Adverse Effects</i> Expected Effects Medication Administration Side Effects Pharmacological Actions Pharmacological Agents	<i>Reduction of Risk Potential</i> Diagnostic Tests Laboratory Values Potential for Alterations in Body Systems Potential for Complications of Diagnostic Tests/ Treatment/Procedures Potential of Complications for Surgical Procedures and Health Alterations Therapeutic Procedures Vital Signs	<i>Physiological Adaptation</i> Alterations in Body Systems Basic Pathophysiology Fluid & Electrolyte Imbalances Medical Emergencies Radiation Therapy Unexpected Response to Therapies

Items addressed Scenario A are highlighted above.

RM

**144 A**

NAME

**Frederick Clark**

DR

**Justin Simulation, MD**

ALLERGIES

**Horse serum**

<b>PATIENT #</b> Hosp #274615	<b>PATIENT TYPE</b> IP	<b>ROOM</b> 144 A	<b>INITIATS</b> DKB	<b>MEDICAL RECORD NUMBER</b> NSG222			
<b>PATIENT INFORMATION</b> Clark, Frederick		<b>DATE OF SERVICE</b> T-2		<b>TIME</b> 0445	<b>AGE</b> 54	<b>DOB</b> 07/05/1953	<b>SEX</b> M
		<b>PHONE</b> 785-555-1222	<b>M/S</b> M	<b>S.S. NUMBER</b> 333-22-4444		<b>RACE</b> C	
<b>EMERGENCE CONTACT</b> Clark, Emma Clark-Brown, Beth Clark, Kenny		<b>RELATIONSHIP</b> spouse Daughter Son		<b>WORK PHONE</b> 785-555-3434 cell 620-555-1212 Cell 620-555-2222	<b>HOME PHONE</b> 785-555-1222		<b>AUTH</b>
<b>INSURANCE 1</b> Farmers Deluxe Topeka, Kansas 66001		<b>INSURANCE 2</b> none		<b>INSURANCE 3</b> none			
SUBSCRIBER: Frederick K.Clark		SUBSCRIBER		SUBSCRIBER			
CONTRACT # 77-77-7777		CONTRACT #		CONTRACT #			
GROUP # 0111-7		GROUP #		GROUP #			
<b>ACCIDENT DATE</b> NA		<b>ACCIDENT PLACE</b> NA		<b>ACCIDENT TIME</b> NA		<b>WORK COMP</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>EVENTS OF HAPPENINGS:</b>							
<b>GUARANTOR</b> Frederick K.Clark		<b>RELATIONSHIP</b> self		<b>ADDRESS</b> 1402 Gravel Rd		<b>CITY STATE</b> Rauntol, KS	<b>ZIP</b> 66069
<b>EMPLOYER INFORMATION</b> self				<b>PHONE</b> na			
				<b>OCCUPATION</b> Cattle Rancher			
<b>CHIEF COMPLIANT</b> Back Pain							
<b>ADMITTING PHYSICIAN</b> Justin Simulation, MD			<b>FAMILY PHYSICIAN</b> DONALD SMITH MD			<b>OTHER</b> Imma Consult, MD	
<b>DIAGNOSIS CODES</b>							

NEOSHO COUNTY COMMUNITY COLLEGE  
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Date	Time	Physician's Orders and Signature	Noted by	Time
T-2	10:00	Admit to: Med/Surg DX: <i>In retractable Pain</i> Hx: CA-Prostate, GERD, TURP 2 yrs prior, Vasectomy age 28 Allergies: <u>Horse serum</u> Vital Signs: Q 4 hr Activity: up with assist x 2 Diet: General Lab: CBC, CMP, UA, & PSA Medication: Flexeril 10 mg PO Q8 Hr Prilosec 20 mg PO Daily Duragesic Patch 75 mcg Q 3 days Surfak 240 mg po daily Percocet 10/ 325 mg one Q4 PRN Moderate Breakthrough Pain Morphine Sulfate 10 mg IM Q 6 PRN Severe Pain  Routine I&O PT to evaluate Neuro Consult Pain Management Consult  <i>Simulation MD</i>		
T-1	0900	Ok to change Prilosec to Zantac 150 mg Q am  <i>Simulation MD</i>		
T-1	1730	Have ready for morning rounds: 1. Spinal Epidural Tray & 2 pairs 7 1/2 sterile gloves at bedside 2. Consent: Spinal Epidural Injection with LS Regional Anesthetic Block 3. Medicate w/ Ativan 1mg PO and Morphine 10mg IM on my call 4. Place foley prior to procedure  <i>Consult MD</i>		

Rm. 144C

Pt: Clark, Frederick  
DOB 07/05/1953

54 y/o Male  
Hosp #274615

NEOSHO COUNTY COMMUNITY COLLEGE  
MARY GRIMES SCHOOL OF NURSING

Date	Time	Physician's Orders and Signature	Noted by	Time
T	post-spinal	<ol style="list-style-type: none"> <li>1. BLE Neuro and Circ Check q 30 minutes X 8</li> <li>2. VS q 30 minutes X 8</li> <li>3. Maintain Foley to DD for 4 hour</li> <li>4. Strict Bedrest HOB &gt;45° for 4 hours, then OOB c assist</li> <li>5. CSF tube to my lab</li> </ol> <p style="text-align: center;"><i>Consult MD</i></p>		

Pt: Clark, Frederick DOB 07/05/1953	Rm. 144C 54 y/o Male Hosp #274615
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## 24 Hour Medication Administration Record

**DX:** *In retractable Pain*

**Allergies:** Horse serum

**Hx:** CA-Prostate, GERD, TURP 2 yrs prior, Vasectomy age 28

**Dates effective:** today

**Administration Times**

Medication, Dose, Route, Frequency, and Indications for PRN	0701-1900	1901-0700
Flexeril 10 mg PO Q8 Hr <i>cyclobenzaprine</i>	09  17	01
Prilosec 20 mg PO Daily <i>omeprazole</i>	07	
Surfak 240 mg po daily <i>docusate calcium 240 mg cap</i>	09	
Duragesic Patch 75 mcg Q 3 days <i>fentanyl transdermal 75 mcg/ hr</i>	replace T+2	
Ativan 1mg PO, 1 time only give with Morphine 10mg IM	on call	
Morphine 10mg IM give with Ativan 1mg PO	on call	
Percocet 10/ 325 mg one Q4 PRN Moderate Breakthrough Pain <i>oxycodone/acet 10mg/325</i>		
Morphine Sulfate 10 mg IM Q 6 PRN Severe Pain <i>morphine sulfute injection 10 mg / 1mL</i>		

Initials/ Signatures

Rm. \_\_\_\_\_

Pt: Clark, Frederick  
DOB 07/05/1953

54 y/o Male  
Hosp #274615


# Hematology

date , time	TODAY 500	Reference Range Units
WBC	7.2	4.0 - 10.0 x 10 <sup>3</sup> U
NEUTROPHIL %	52	30.0 - 75.0 %
LYMPHOCYTES %	38	18.0 - 40.0 %
MOMOCYTES %	0	1.0 - 8.0 %
EOSINOPHILS %	2	.0 - 3.0 %
BASOPHILS %	1	.0 - 2.0 %
RBC	4.86	4.20 - 5.00 MIL/UL
HGB	13.5	12.0 - 15.0 MG/DL
HCT	38	37.0 - 47.0 %
MCV	87	80 - 100 FL
MCH	32	26.0 - 35.0 PG
MCHC	33	28.0 - 37.0 %
RDW	12.1	10.5 - 14.5 % CV
PLATELETS	177	150 - 400 x 10 <sup>3</sup> U
SED RATE	8	0 - 19 MM/HR

Pt: Clark, Frederick

DOB 07/05/1953 54 y/o Male

Hosp #274615

## Chemistry

date	TODAY	Reference
time	500	Range Units
GLUCOSE	94	65 - 100 MG/DL
BUN	17	7.0 - 21 MG/DL
CREATININE	1.4	0.7 - 1.5 MG/DL
BUN/CRE RATIO	22	7.0 - 25.0
SODIUM	139	137 - 145 MMOL/L
POTASSIUM	4.8	3.6 - 5.0 MMOL/L
CHLORIDE	<b>88 L</b>	98 - 107 MMOL/L
CO2	23	22 - 30 MMOL/L
SGOT	38	8.0 - 39 U/L
ALKALINE PHOS	104	20 - 155 U/L
TOTAL PROTEIN	<b>5.4 L</b>	6.3 - 8.2 G/DL
SGPT	38	9.0 - 52 U/L
ALBUMIN	3.3	3.3 - 5.0 G/DL
CALCIUM	6.1 L	8.4 - 10.9 MG/DL
TOTAL BILI	0.5	0.2 - 1.3 MG/DL

## SPECIAL CHEMISTRY

date	TODAY	Reference
time	500	Range Units
PSA	28	0 ng/mL

\*3 or less is considered to be in the normal range for a man under 60 years old

4 or less is normal for a man aged 60-69

5 or less is normal if you are aged over 70.

Pt: Clark, Frederick

DOB 07/05/1953 54 y/o Male

Hosp #274615



# Urinalysis

date  
time

TODAY

O600
cc

Reference

Range Units

METHOD:

URINE COLOR

Straw

YELLOW

TURBIDITY

clear

CLEAR

SPEC GRAVITY

1.014

1.005 - 1.015

pH

7.4

5.0 - 8.0

UR GLUCOSE

NEGATIVE

NEGATIVE

BILIRUBIN

NEGATIVE

NEGATIVE

PROTEIN

NEGATIVE

NEGATIVE

KETONES

NEGATIVE

NEGATIVE

BLOOD

NEGATIVE

NEGATIVE

UROBILINOGEN

NEGATIVE

0.2 - 1.0 EU'S

NITRITE

NEGATIVE

NEGATIVE

LEUK ESTERACE

NEGATIVE

NEGATIVE

## MICROSCOPIC

BACTERIA

0

NEGATIVE

RBC/HPF

0

NEGATIVE

WBC/HPF

0

NEGATIVE

MUCUS

0

NEGATIVE

EPPI CELLS/LPF

0

NEGATIVE

REFLEX CULTURE

NO

0

Pt: Clark, Frederick

DOB 07/05/1953 54 y/o Male

Hosp #274615

## Coagulation

date time	TODAY 500	Reference Range Units
PTT	27 <sup>+</sup>	26.0 - 40 SECS
PROTIME	9.7	9.0 - 13.0 SECS
INR	2.7	2.0 - 3.0

INR: Therapeutic range 2.0 - 3.0 Patients with prosthetic heart valves and/or cerebral emboli: 3.3 - 4.5.

Pt: Clark, Frederick

DOB 07/05/1953 54 y/o Male

Hosp #274615