

Butler Community College  
 Department of Nursing  
 NR 202 Nursing Process III - Medical-Surgical lab -August 26-27, 2008

These are following one large scenario. This is the same patient in every room (Male – John Sim, Female – Sally Sim) with the same chart in front of every room. We can discuss with students, but it should not just be a lecture of us as faculty telling students everything. We should let them walk through checking their charts and assessing the situation and performing the interventions.

Assessment station (with Sim man) Rooms 5 and 6 (4 person's per room):

The student needs to check the chart and the ID band

Perform a head to toe assessment on SimMan.

And document the assessment on a flow sheet (institution specific) or

<http://assessment.homestead.com> (a computer charting assessment form that will be on every computer)

Foley/NG/Scenario (Rooms 1 and 2):

Prioritize Foley, first due to heart failure and pt being up over 1 Liter and should see the head injury as a contraindication for placement of the NG tube (if student calls the doctor to get an ok or if they place it orally, then that is ok).

The student insertion of Foley catheter and sterile gloving - Emphasize sterile technique

Insertion of nasogastric and nasointestinal (dobhoff) tube

Venipuncture station (15-223):

Venipuncture and recognition of IV fluids

IV med administration (Rooms 3 and 4):

We can use the MAR to have them pick a med to give and give into a CVL. There are meds that have been given and there are meds that have a PO only route that could not be given. An order would have to be obtained to change to IV. There are meds that are inappropriate due to the head injury (students should question anticoagulants until the head injury status is clarified by the physician).

And start a drip using IV pumps and dose calculations.

Clinical Orientation - Charting, Clinical paperwork and other information

<b>Tuesday</b>				
	<b>Assessment Rooms 5&amp;6</b>	<b>Foley/NG/Scenario Rooms 1 &amp; 2</b>	<b>Venipuncture Room 15-223</b>	<b>IV meds adm Rooms 3 &amp; 4</b>
8-9:45	St. Joe	St. Francis	Heart Hospital	Wesley
9:45-11:30	St. Francis	Heart Hospital	Wesley	St. Joe
12:15-2:00	Wesley	St. Joe	St. Francis	Heart Hospital

<b>Wednesday</b>				
	<b>Assessment</b>	<b>Foley/NG/Scenario</b>	<b>Venipuncture</b>	<b>IV meds-fluids</b>
8-9:45	Heart Hospital	Wesley	St. Joe	St. Francis
10-12:00	Clinical Orientation with clinical instructor			

## Head Injury/Heart Failure Scenario

Developed by Mitchell S. Taylor, RN, MSN, CCRN for Butler CC Nursing Program – Critical Care

A 38 year old male presents to the Surgical Intensive Care Unit with severe headaches from a closed head injury from a motor vehicle crash (MVC) and difficulty breathing due to heart failure, diabetes mellitus-type II, and depression. Below is a copy of the admitting orders, History and Physical (H&P) and current MAR. Prior to the Med-Surg Lab, fill out the nursing mind map by looking up medical diagnosis, lab, nursing diagnosis and medications from MAR.

### Butler Community College SIMULATION ADMITTING ORDERS

DATE	TIME		Other Orders Write In
08/26/08	0600	ADMIT TO: <input checked="" type="checkbox"/> XSICU <input type="checkbox"/> CCU <input type="checkbox"/> MICU <input type="checkbox"/> Telemetry Floor <input type="checkbox"/> Non-telemetry Floor	
		DIAGNOSIS: <input type="checkbox"/> Type II Diabetes Mellitus, <input type="checkbox"/> R/O Myocardial Infarction, <input checked="" type="checkbox"/> Heart Failure, <input type="checkbox"/> S/P CABG, <input type="checkbox"/> Chest Pain, <input checked="" type="checkbox"/> Head Injury, <input type="checkbox"/> Stroke, <input type="checkbox"/> GI Bleed, <input type="checkbox"/> S/P Lung surgery_____, <input type="checkbox"/> S/P abdominal surgery_____, <input type="checkbox"/> S/P ortho surgery_____, <input type="checkbox"/> MVC_____, <input type="checkbox"/> Lacerated Spleen, <input type="checkbox"/> HTN <input type="checkbox"/> Cancer_____, <input checked="" type="checkbox"/> Other Nausea/Vomiting_____	
		CONDITION: <input type="checkbox"/> Stable, <input type="checkbox"/> Serious, <input checked="" type="checkbox"/> Critical	
		ALLERGIES: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list: Midazolam	
		ACTIVITY: Bed rest	
		VITAL SIGNS: <input type="checkbox"/> Every 1 hour <input type="checkbox"/> Every 4 hours <input type="checkbox"/> O2 Sats. Q shift <input checked="" type="checkbox"/> Every 15 minutes and prn, O <sub>2</sub> sats. and cardiac monitor – continuous	
		DIET: <input checked="" type="checkbox"/> NPO <input type="checkbox"/> 2gm Low Na, low fat, <input type="checkbox"/> 1800kcal ADA, <input type="checkbox"/> 2000kcal ADA	
		<input checked="" type="checkbox"/> NPO	
		<input checked="" type="checkbox"/> IV: Saline Lock <input type="checkbox"/> D51/2NS with 20mEq KCL TRA _____ <input checked="" type="checkbox"/> 0.9% Sodium Chloride IV TRA _55mL/hr_ <input type="checkbox"/> Lactated Ringers TRA _____	<input type="checkbox"/> Other: _____
		O <sub>2</sub> : <input type="checkbox"/> None <input checked="" type="checkbox"/> 2Liters/minute via Nasal Cannula <input type="checkbox"/> Other: <input checked="" type="checkbox"/> titrate to keep sats > 90%	
		MEDICATIONS: <input checked="" type="checkbox"/> Aspirin non enteric coated 325 mg po daily <input type="checkbox"/> Acetaminophen 650mg po q 6 hours prn pain or temp > 101.5 F. <input checked="" type="checkbox"/> ceftazadime 500mg IV daily <input type="checkbox"/> digoxin 0.125mg IV X 1 <input checked="" type="checkbox"/> digoxin 0.5mg PO daily <input checked="" type="checkbox"/> furosemide 60 mg IV prn Urine Output < 30 mL/hr x 2 hours <input type="checkbox"/> ketorolac tromethamine 15mg IV at 1300 <input checked="" type="checkbox"/> labetalol 10mg IV prn for SBP > 180 every 10 minutes until under 180. <input checked="" type="checkbox"/> lansoprazole 60mg IV q day <input checked="" type="checkbox"/> metoclopramide 10 mg IV, q 6 hours prn nausea or vomiting <input type="checkbox"/> metoprolol 5mg IV q 10 min x 3 doses, then start PO dosing, hold if SBP < 90 or HR < 40. <input checked="" type="checkbox"/> metoprolol 50mg PO BID <input checked="" type="checkbox"/> midazolam 2mg IV prn q 2 hours for sedation <input checked="" type="checkbox"/> morphine 4mg IV q 1-2 hours prn pain <input type="checkbox"/> hydromorphone 0.2mg IV q 1-2 hours <input checked="" type="checkbox"/> NS 10mL IV BID and prn for IV flush <input checked="" type="checkbox"/> Lantus 25mg SQ at 2200 daily Others_____ <input checked="" type="checkbox"/> Place hypoglycemic orders on the chart.	<input checked="" type="checkbox"/> Regular Insulin Sliding Scale Q 6 hours BS - Insulin Dose 0-110 - No insulin 111-125 - 2 Units 126-135 - 4 Units 136-145 - 6 Units 146-155 - 8 Units 156-200 - 10 Units <60 >200 Call ordering physician and start Regular Insulin drip IV at 0.05 Units/kg /hr and place <b>Adult Insulin Titration in the Simulated ICU orders on the chart.</b>
		(Treatments) <input type="checkbox"/> Dressing Changes <input checked="" type="checkbox"/> Place Foley to dependent drainage <input checked="" type="checkbox"/> Place NG Tube <input type="checkbox"/> Place Dobhoff <input checked="" type="checkbox"/> Place peripheral IV	
		<input checked="" type="checkbox"/> If chest pain occurs, obtain STAT ECG, notify MD, <input checked="" type="checkbox"/> Nitroglycerin 0.4 mg (1/150 gr) SL PRN chest pain (unless: SBP < 90 ). May repeat every 5 min x 2. Maximum 3 doses.	
		<input checked="" type="checkbox"/> 12 lead ECG on arrival and every 8 hours X 2, for a total of 3 ECGs.	
		LAB TESTS:	
		<input checked="" type="checkbox"/> CBC <input checked="" type="checkbox"/> BMP <input type="checkbox"/> CMP <input checked="" type="checkbox"/> XPT/PTT/INR <input checked="" type="checkbox"/> XMg <input checked="" type="checkbox"/> XPhos <input checked="" type="checkbox"/> XIonized Ca <input type="checkbox"/> Type and Cross _____ Units	
		<input checked="" type="checkbox"/> Other tests: BNP, Cardiac Enzymes and Troponin, ABG	

**08/26/2008 0600 Dr. Sim Getwell**

Sim, John T. DOB 08-26-69  
Adm. #00087654321  
Med. Rec. #007654321



<b>MEDICAL RECORD</b>	<b>REPORT OF MEDICAL HISTORY</b>	Date of Exam 08/26/08
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**Note: This information is for official and medically-confidential use only and will not be released to unauthorized persons.**

1. Name of Patient (First, Middle, Last) <p style="text-align: center;">John Thomas Sim</p>			2. Identification Number <p style="text-align: center;">00087654321</p>			3. Date of Birth <p style="text-align: center;">8/26/1969</p>					
4a. Home street address (Street, City, State, and Zip Code) 11410 East Wally Street, Apartment 705						5. Examining Facility Butler Community College Simulation Hospital					
4b. City Wichita,		State KS		Zip Code 67211							
6. Purpose of Visit to the Hospital "I'm having severe headaches and difficulty breathing."									7. Statement of Patient's Present Health and Medications Currently Used		
a. Present Health <p style="text-align: center;">Poor</p>						b. Current Medications at Home Furosemide 20mg PO BID, Sertraline 100 mg PO 1X daily, Digoxin 0.25 mg PO one time daily, Potassium 20mEq PO every day, Metoprolol 50 mg PO BID, Regular Insulin 10 Units SQ in the am, Lantus Insulin 25 Units SQ at bedtime					
c. Allergies (include medications, latex, bee stings, and foods) Midazolam – causes rash						d. Height <p style="text-align: center;">6'2"</p>			e. Weight <p style="text-align: center;">285 lbs</p>		
8. Patient's Occupation <p style="text-align: center;">Construction Worker</p>						9. Are you: (check one) <p style="text-align: center;"><input checked="" type="checkbox"/> Right Handed      <input type="checkbox"/> Left Handed</p>					

10. Past/Current Medical History											
Check Each Item	Yes	No	Don't Know	Check Each Item	Yes	No	Don't Know	Check Each Item	Yes	No	Don't Know
Household Contact with anyone with tuberculosis				Shortness of Breath	X			Bone or joint deformity			
Tuberculosis or positive TB test				Pain or Pressure in chest	X			Loss of finger or toe			
Blood in Sputum or when coughing				Chronic Cough				Painful shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble	X			Knee injury			
Sleepwalking				High blood pressure	X			Foot trouble			
Wear corrective lenses	X			Low blood pressure				Nerve injury			
Eye surgery to correct vision				Cramps in your legs				Paralysis			
Complete vision loss in either eye				Frequent Indigestion				Epilepsy or seizure			
Wears a hearing aid				Stomach, liver, or intestinal trouble				Car, train, or sea sickness			
Stutters or Stammers				Gall bladder trouble				Frequent trouble sleeping			
Wears a brace or back support				Jaundice or Hepatitis				Depression or excessive worry			
Scarlet fever				Broken bones				Loss of memory			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, or Cancer				Periods of unconsciousness			
Frequent or severe headache	X			Hernia				Parent/sibling with diabetes, cancer, stroke or heart disease.	X		
Dizziness or fainting spells	X			Hemorrhoids or rectal Disease				X-Ray or other radiation therapy			
Eye Trouble				Frequent or painful urination				Chemotherapy			
Hearing Loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stones or blood in urine				Plate or pin in any bone			
Chronic or frequent colds				Sugar or Protein in urine	X			Been told to cut down or criticized for alcohol use			
Severe tooth or gum trouble	X			Sexually transmitted disease(s)							
Sinusitis				Recent gain or loss of weight	X						
Hay Fever or allergic rhinitis				Eating Disorder				Easily fatigued	X		
Head injury	X			Arthritis, Rheumatism, or Bursitis				Used illegal substances			
Asthma				Thyroid trouble				Used tobacco	X		

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11. Female Patients

Check each item	Yes	No	Don't Know	Date of last menstrual period	Date of last pap smear	Date of last mammogram
Treated for a female disorder				N/A	N/A	"Never had one"
Change in menstrual pattern						

Check each item. If "yes," explain in blank space to right. List explanation by item number.

ITEM	Yes	No	
12. Have you been refused employment or been unable to hold a job or stay in school because of:			
a. Sensitivity to chemicals?			
b. Inability to perform certain motions?			
c. Inability to assume certain positions?			
d. Other medical reasons? (If yes, give reasons.)			
13. Have you ever been treated for a mental condition? (If yes, describe and give age at which occurred.)	X		CHF
14. Have you ever been denied life insurance? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)			
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)			
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)			
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)			
18. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, specify.)			
19. Have you ever been rejected for military service because of physical, mental, or other reasons?			
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and reason.)			
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details)			
22. Have you ever been diagnosed with a learning disability? (If yes, give type and what is needed to help overcome.)			

23. List all immunizations received  
**All Immunizations up to date as of 2/28/2008**

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics and their staff that are directly providing management of my care to review and input data into the Medical Record in accordance with local, state, and federal laws.

24a. Typed or Printed Name <b>John T. Sim</b>	24b. Signature <b>John T. Sim</b>	24c. Date <b>08/26/2008</b>
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NOTE: THIS DOCUMENT WILL BE PLACED IN THE MEDICAL RECORD

25. Physician's summary and elaboration of all pertinent data.

1. Head injury – monitor LOC and obtain CT scan
2. CHF – treat with diuretics
3. HTN – treat with current beta-blocker
4. Type II diabetes mellitus – Monitor blood glucose and treat with insulin
5. Depression – Will restart the Sertraline when patient stable

26a. Typed or Printed Name of Physician or Examiner <b>Dr. Sim Getwell</b>	26b. Signature <b>Dr. Sim Getwell</b>	26c. Date <b>08/26/2008</b>	Patient Label Here <b>Sim, John T. DOB 08-26-69 Adm. #00087654321 Med. Rec. #007654321</b> 
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**Butler Community College Simulation Lab Medication Administration Record**

Start Date	End Date	Initials	Medication/Treatment (Dose/Route/Frequency)	Scheduled Times	Date: 08 / 26 / 2008		24 hour MAR only	
					Chart Actual Times Given			
2/28/08		MST	Aspirin non enteric coated 325 mg po daily	0900				
2/28/08		MST	Digoxin 0.5mg PO daily	0900				
2/28/08		MST	Ceftazadime 500mg IV daily	0900				
2/28/08		MST	Furosemide 60 mg IV prn Urine Output < 30 mL/hr x 2 hours					
2/28/08		MST	Labetalol 10mg IV prn for SBP > 180 every 10 minutes until under 180.					
2/28/08		MST	Lansoprazole 60mg IV q day	0700	M			
					ST			
2/28/08		MST	Metoclopramide 10 mg IV, q 6 hours prn nausea or vomiting					
2/28/08		MST	Metoprolol 50mg PO BID	0900 2100				
2/28/08		MST	Midazolam 2mg IV prn q 2 hours for sedation					
2/28/08		MST	Morphine 4mg IV q 1-2 hours prn pain					

Initials MST Signature Mitchell S. Taylor/RN Initials \_\_\_\_\_ Signature \_\_\_\_\_ **Sim, John T.**  
**DOB 08-26-69**

Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_ **Adm. #0087654321**  
 Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_ **Med. Rec. #007654321**



Start Date	End Date	Initials	Medication/Treatment (Dose/Route/Frequency)	Scheduled Times	Date: 2 / 28 / 2008		24 hour MAR only	
					Chart Actual Times Given			
2/28/08		MST	NS 10mL IV BID and prn for IV flush	0900 2100	MS T	0700 am		
2/28/08		MST	Lantus 25mg SQ at 2200 daily	2200				
2/28/08		MST	Nitroglycerin 0.4 mg (1/150 gr) Sublingual PRN chest pain (unless: SBP < 90). May repeat every 5 min x 2. Maximum 3 doses.					
2/28/08		MST	Regular Insulin Sliding Scale Q 6 hours BS - Insulin Dose	00 06	N/A MST		Not given, patient not on floor. 10 Units Given for BS	

		0-110 - No insulin 111-125 - 2 Units 126-135 - 4 Units 136-145 - 6 Units 146-155 - 8 Units 156-200 - 10 Units <60 >200 Call ordering physician and start Regular Insulin drip IV at 0.05 Units/kg /hr and place Adult Insulin Titration in the Simulated ICU orders on the chart.	12 18						176

Initials MST Signature Mitchell S. Taylor/RN Initials \_\_\_\_\_ Signature \_\_\_\_\_ **Sim, John T. DOB 08-26-69**

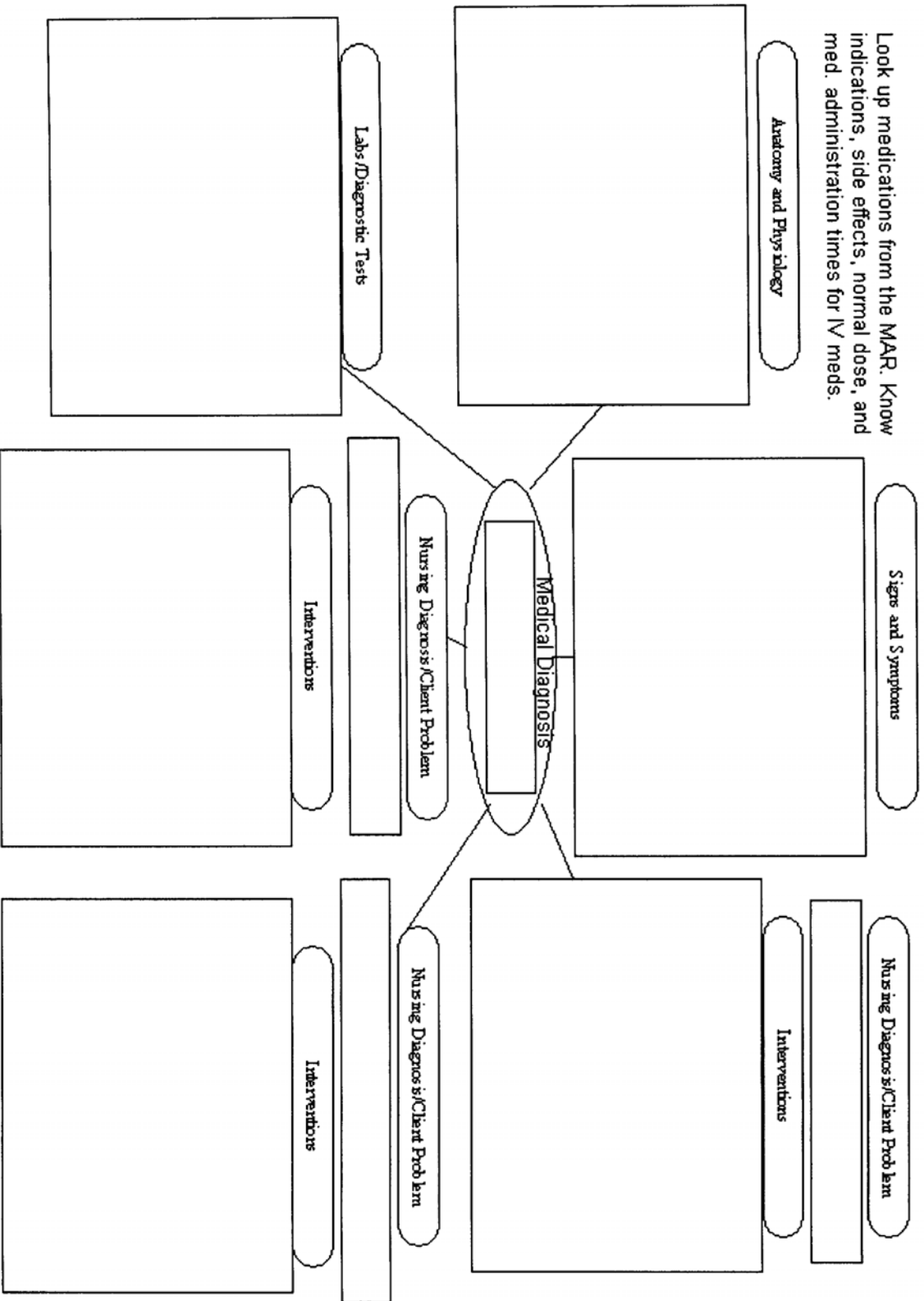
Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_ **Adm. #0087654321**

**Med. Rec. #007654321**



<b>CBC</b>	Reference Range	
WBC	12.8 k/mcl (H)	3.8-10.8 k/mcl
Hgb	14.2 g/dl	14-18 g/dl
Hct	42.6 %	40-54%
Platelet	245 k/mcl	130-400 k/mcl
<b>BMP</b>		
Sodium	135 mEq/L	135-145 mEq/L
Potassium	3.1 mEq/L (L)	3.5-5.5 mEq/L
Chloride	95 mEq/L	95-105 mEq/L
CO2	28 mEq/L	22-32 mEq/L
Glucose	176 mg/dL (H)	80-100 mg/dL
BUN	18 mg/dL	10-20 mg/dL
Creatinine	1.3 mg/dL	0.5-1.5 mg/dL
Calcium	7.2 mg/dL (L)	8.5 -10 mg/dL
Magnesium	1.6 mg/dL (L)	1.8-3 mg/dL
Phosphorus	5 mEq/dL (H)	2.5-4.5 mEq/dL
Albumin	3.5 g/dL	3.5-5 g/dL
CPK	180 IU/L (H)	55-170 IU/L
CK-MB	3.4 ng/mL (H)	< 3 ng/mL
Troponin I	1.3 ng/L (H)	< 1ng/mL
BNP	105 pg/mL (H)	< 80 pg/mL
<b>ABG</b>		
pH	7.33 (L)	7.35-7.45
PaCO2	47 (H)	35-45
PaO2	88	80-100
HCO3	24	22-26
BE	-2 (L)	0

Look up medications from the MAR. Know indications, side effects, normal dose, and med. administration times for IV meds.



## Head Injury/Heart Failure Scenario

Developed by Mitchell S. Taylor, RN, MSN, CCRN for Butler CC Nursing Program – Critical Care

**Purpose:** This scenario was created for students in the third semester of nursing school to prioritize the skill of urinary and nasogastric placement with a complex patient history.

Objectives:

1. Assessment and recognition of the signs and symptoms of decreased level of consciousness and of worsening heart failure.
  - a. **Assess for responsiveness.**
  - b. **Assess neurological status by means of a consistent approved scale such as the Glasgow Coma Score.**
  - c. **Assess for signs of fluid volume overload such as crackles in the lung fields, jugular venous distension, edema, elevated CVP, PAOP reading if a pulmonary artery catheter is in place.**
  - d. **Assess BNP (brain or beta type natriuretic peptide) lab.**
  - e. **Assess labs for abnormal electrolytes.**
  - f. **Assess Intake and Output for fluid retention.**
  - g. **Assess alignment of the neck and body to maintain alignment of the cervical spine.**
  - h. **Assess contraindications for NG placement due to head injury**
2. Initiate interdisciplinary collaboration in a hospital setting.
  - a. **If intubated, begin communication about alternate nutrition strategies.**
  - b. **Notify the physician of the contraindication of NG placement due to head injury and seek clarification for placement.**
  - c. **Notify the physician of need for electrolyte replacement prior to diuretic therapy.**
3. Select appropriate interventions.
  - a. **Perform five rights of medication administration.**
  - b. **Insert urinary catheter as priority before attempting gastric tube placement.**
  - c. **Give medications as ordered being careful of fluid volume overload and decreasing level of consciousness.**
  - d. **Provide pain relieving measures as ordered.**
  - e. **Provide electrolyte replacement as ordered prior to diuretic therapy.**
  - f. **Provide diuretics and positive inotropic support as ordered.**
  - g. **Maintain C-Spine precautions.**
4. Monitor therapeutic response to interventions (Outcomes)
  - a. **Monitor and chart urinary output that urine output will be produced once the urinary catheter is placed. If it does not, then reevaluate the need to inform the physician for further orders and possible diuretics.**
  - b. **Monitor and chart the patient's pain that it is decreasing.**
  - c. **Monitor signs and symptoms of heart failure that they are decreasing.**
  - d. **Monitor lab values for changes.**
  - e. **Monitor electrolytes to be within normal limits to prevent problem that may produce dysrhythmias such as K, Mg, Ca, P.**

Case Study:

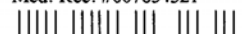
A 38 year old male presents to the Surgical Intensive Care Unit with severe headaches from a closed head injury and difficulty breathing due to heart failure, diabetes mellitus-type II, and depression. Medications that the patient was on at home were:  
Furosemide 20mg PO BID, Sertraline 100 mg PO 1X daily, Digoxin 0.25 mg PO one time daily, Potassium 20mEq PO every day, Metoprolol 50 mg PO BID, Regular Insulin 10 Units SQ in the am, Lantus Insulin 25 Units SQ at bedtime



**Butler Community College  
SIMULATION ADMITTING ORDERS**

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		DIAGNOSIS: <input type="checkbox"/> Type II Diabetes Mellitus, <input type="checkbox"/> R/O Myocardial Infarction, <input checked="" type="checkbox"/> Heart Failure, <input type="checkbox"/> S/P CABG, <input type="checkbox"/> Chest Pain, <input checked="" type="checkbox"/> Head Injury, <input type="checkbox"/> Stroke, <input type="checkbox"/> GI Bleed, <input type="checkbox"/> S/P Lung surgery_____, <input type="checkbox"/> S/P abdominal surgery_____, <input type="checkbox"/> S/P ortho surgery_____, <input type="checkbox"/> MVC_____, <input type="checkbox"/> Lacerated Spleen, <input type="checkbox"/> HTN <input type="checkbox"/> Cancer_____ <input checked="" type="checkbox"/> Other Nausea/Vomiting_____	
		CONDITION: <input type="checkbox"/> Stable, <input type="checkbox"/> Serious, <input checked="" type="checkbox"/> Critical	
		ALLERGIES: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list: Midazolam	
		ACTIVITY: Bed rest	
		VITAL SIGNS: <input type="checkbox"/> Every 1 hour <input type="checkbox"/> Every 4 hours <input type="checkbox"/> O <sub>2</sub> Sats. Q shift <input checked="" type="checkbox"/> Every 15 minutes and prn, O <sub>2</sub> sats. and cardiac monitor – continuous	
		DIET: <input checked="" type="checkbox"/> NPO <input type="checkbox"/> 2gm Low Na, low fat, <input type="checkbox"/> 1800kcal ADA, <input type="checkbox"/> 2000kcal ADA	
		<input checked="" type="checkbox"/> NPO	
		X IV: Saline Lock <input type="checkbox"/> D51/2NS with 20mEq KCL TRA _____ X 0.9% Sodium Chloride IV TRA _55mL/hr__ <input type="checkbox"/> Lactated Ringers TRA _____	<input type="checkbox"/> Other: _____
		O <sub>2</sub> : <input type="checkbox"/> None <input checked="" type="checkbox"/> 2Liters/minute via Nasal Cannula <input type="checkbox"/> Other: X titrate to keep sats > 90%	
		MEDICATIONS: X Aspirin non enteric coated 325 mg po daily <input type="checkbox"/> Acetaminophen 650mg po q 6 hours prn pain or temp > 101.5 F. X ceftazadime 500mg IV daily <input type="checkbox"/> digoxin 0.125mg IV X 1 X digoxin 0.5mg PO daily X furosemide 60 mg IV prn Urine Output < 30 mL/hr x 2 hours <input type="checkbox"/> ketorolac tromethamine 15mg IV at 1300 X labetalol 10mg IV prn for SBP > 180 every 10 minutes until under 180. X lansoprazole 60mg IV q day X metoclopramide 10 mg IV, q 6 hours prn nausea or vomiting <input type="checkbox"/> metoprolol 5mg IV q 10 min x 3 doses, then start PO dosing, hold if SBP < 90 or HR < 40. X metoprolol 50mg PO BID X midazolam 2mg IV prn q 2 hours for sedation X morphine 4mg IV q 1-2 hours prn pain <input type="checkbox"/> hydromorphone 0.2mg IV q 1-2 hours X NS 10mL IV BID and prn for IV flush X Lantus 25mg SQ at 2200 daily Others_____ X Place hypoglycemic orders on the chart.	<input checked="" type="checkbox"/> Regular Insulin Sliding Scale Q 6 hours BS - Insulin Dose 0-110 - No insulin 111-125 - 2 Units 126-135 - 4 Units 136-145 - 6 Units 146-155 - 8 Units 156-200 - 10 Units <60 >200 Call ordering physician and start Regular Insulin drip IV at 0.05 Units/kg /hr and place <b>Adult Insulin Titration in the Simulated ICU</b> orders on the chart.
		(Treatments) <input type="checkbox"/> Dressing Changes <input checked="" type="checkbox"/> Place Foley to dependent drainage X Place NG Tube <input type="checkbox"/> Place Dobhoff X Place peripheral IV	
		X If chest pain occurs, obtain STAT ECG, notify MD, X Nitroglycerin 0.4 mg (1/150 gr) SL PRN chest pain (unless: SBP < 90 ). May repeat every 5 min x 2. Maximum 3 doses.	
		X 12 lead ECG on arrival and every 8 hours X 2, for a total of 3 ECGs.	
		LAB TESTS:	
		X CBC XBMP <input type="checkbox"/> CMP XPT/PTT/INR XMg XPhos XIonized Ca <input type="checkbox"/> Type and Cross Units	
		X Other tests: BNP, Cardiac Enzymes and Troponin, ABG	

Sim, John T. DOB 08-26-69  
Adm. #00087654321  
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**Note: This information is for official and medically-confidential use only and will not be released to unauthorized persons.**

1. Name of Patient (First, Middle, Last) <p style="text-align: center;">John Thomas Sim</p>	2. Identification Number <p style="text-align: center;">00087654321</p>	3. Date of Birth <p style="text-align: center;">8/26/1969</p>
4a. Home street address (Street, City, State, and Zip Code) 11410 East Wally Street, Apartment 705		5. Examining Facility <p style="text-align: center;">Butler Community College Simulation Hospital</p>
4b. City Wichita,	State KS	

6. Purpose of Visit to the Hospital  
**"I'm having severe headaches and difficulty breathing."**

**7. Statement of Patient's Present Health and Medications Currently Used**

a. Present Health <p style="text-align: center;">Poor</p>	b. Current Medications at Home Furosemide 20mg PO BID, Sertraline 100 mg PO 1X daily Digoxin 0.25 mg PO one time daily, Potassium 20mEq PO every day, Metoprolol 50 mg PO BID, Regular Insulin 10 Units SQ in the am, Lantus Insulin 25 Units SQ at bedtime
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c. Allergies (include medications, latex, bee stings, and foods) Midazolam – causes rash	d. Height <p style="text-align: center;">6'2"</p>	e. Weight <p style="text-align: center;">285 lbs</p>
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8. Patient's Occupation <p style="text-align: center;">Construction Worker</p>	9. Are you: (check one) <input checked="" type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed
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**10. Past/Current Medical History**

Check Each Item	Yes	No	Don't Know	Check Each Item	Yes	No	Don't Know	Check Each Item	Yes	No	Don't Know
Household Contact with anyone with tuberculosis				Shortness of Breath	X			Bone or joint deformity			
Tuberculosis or positive TB test				Pain or Pressure in chest	X			Loss of finger or toe			
Blood in Sputum or when coughing				Chronic Cough				Painful shoulder or elbow			
Excessive bleeding after injury or dental work				Palpitation or pounding heart				Recurrent back pain or any back injury			
Suicide attempt or plans				Heart trouble	X			Knee injury			
Sleepwalking				High blood pressure	X			Foot trouble			
Wear corrective lenses	X			Low blood pressure				Nerve injury			
Eye surgery to correct vision				Cramps in your legs				Paralysis			
Complete vision loss in either eye				Frequent Indigestion				Epilepsy or seizure			
Wears a hearing aid				Stomach, liver, or intestinal trouble				Car, train, or sea sickness			
Stutters or Stammers				Gall bladder trouble				Frequent trouble sleeping			
Wears a brace or back support				Jaundice or Hepatitis				Depression or excessive worry			
Scarlet fever				Broken bones				Loss of memory			
Rheumatic fever				Skin diseases				Nervous trouble of any sort			
Swollen or painful joints				Tumor, growth, cyst, or Cancer				Periods of unconsciousness			
Frequent or severe headache	X			Hemia				Parent/sibling with diabetes, cancer, stroke or heart disease.	X		
Dizziness or fainting spells	X			Hemorrhoids or rectal Disease				X-Ray or other radiation therapy			
Eye Trouble				Frequent or painful urination				Chemotherapy			
Hearing Loss				Bed wetting since age 12				Asbestos or toxic chemical exposure			
Recurrent ear infections				Kidney stones or blood in urine				Plate or pin in any bone			
Chronic or frequent colds				Sugar or Protein in urine	X			Been told to cut down or criticized for alcohol use			
Severe tooth or gum trouble	X			Sexually transmitted disease(s)							
Sinusitis				Recent gain or loss of weight	X						
Hay Fever or allergic rhinitis				Eating Disorder				Easily fatigued	X		
Head injury	X			Arthritis, Rheumatism, or Bursitis				Used illegal substances			
Asthma				Thyroid trouble				Used tobacco	X		

Sim, John T. DOB 08-26-69  
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11. Female Patients

Check each item	Yes	No	Don't Know	Date of last menstrual period	Date of last pap smear	Date of last mammogram
Treated for a female disorder				N/A	N/A	"Never had one"
Change in menstrual pattern						

Check each item. If "yes," explain in blank space to right. List explanation by item number.

ITEM	Yes	No	
12. Have you been refused employment or been unable to hold a job or stay in school because of:			
a. Sensitivity to chemicals?			
b. Inability to perform certain motions?			
c. Inability to assume certain positions?			
d. Other medical reasons? (If yes, give reasons.)			
13. Have you ever been treated for a mental condition? (If yes, describe and give age at which occurred.)	X		CHF
14. Have you ever been denied life insurance? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)			
15. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)			
16. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)			
17. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)			
18. Have you ever been discharged from military service because of physical, mental, or other reasons? (If yes, specify.)			
19. Have you ever been rejected for military service because of physical, mental, or other reasons?			
20. Have you ever received, is there pending, or have you ever applied for pension or compensation for existing disability? (If yes, specify what kind, granted by whom, and reason.)			
21. Have you ever been arrested or convicted of a crime, other than minor traffic violations? (If yes, provide details)			
22. Have you ever been diagnosed with a learning disability? (If yes, give type and what is needed to help overcome.)			

23. List all immunizations received

All Immunizations up to date as of 2/28/2008

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics and their staff that are directly providing management of my care to review and input data into the Medical Record in accordance with local, state, and federal laws.

24a. Typed or Printed Name <b>John T. Sim</b>	24b. Signature <b>John T. Sim</b>	24c. Date <b>8/26/2008</b>
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NOTE: THIS DOCUMENT WILL BE PLACED IN THE MEDICAL RECORD

25. Physician's summary and elaboration of all pertinent data.

1. Head injury – monitor LOC and obtain CT scan
2. CHF – treat with diuretics
3. HTN – treat with current beta-blocker
4. Type II diabetes mellitus – Monitor blood glucose and treat with insulin
5. Depression – Will restart the Sertraline when patient stable

26a. Typed or Printed Name of Physician or Examiner <b>Dr. Sim Getwell</b>	26b. Signature <b>Dr. Sim Getwell</b>	26c. Date <b>8/26/2008</b>	Patient Label Here <b>Sim, John T. DOB 08-26-69 Adm. #00087654321 Med. Rec. #007654321</b> 
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**Butler Community College Simulation Lab Medication Administration Record**

Start Date	End Date	Initials	Medication/Treatment (Dose/Route/Frequency)	Scheduled Times	Date: 8 / 26 / 2008		24 hour MAR only	
					Chart Actual Times Given			
8/26/08		MST	Aspirin non enteric coated 325 mg po daily	0900				
8/26/08		MST	Digoxin 0.5mg PO daily	0900				
8/26/08		MST	Ceftazadime 500mg IV daily	0900				
8/26/08		MST	Furosemide 60 mg IV prn Urine Output < 30 mL/hr x 2 hours					
8/26/08		MST	Labetalol 10mg IV prn for SBP > 180 every 10 minutes until under 180.					
8/26/08		MST	Lansoprazole 60mg IV q day	0700	MST			
8/26/08		MST	Metoclopramide 10 mg IV, q 6 hours prn nausea or vomiting					
8/26/08		MST	Metoprolol 50mg PO BID	0900 2100				
8/26/08		MST	Midazolam 2mg IV prn q 2 hours for sedation					
2/28/08		MST	Morphine 4mg IV q 1-2 hours prn pain					

Initials MST Signature Mitchell S. Taylor/RN Initials \_\_\_\_\_  
 Signature \_\_\_\_\_

Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_  
 Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_

Pt label here.

Start Date	End Date	Initials	Medication/Treatment (Dose/Route/Frequency)	Scheduled Times	Date: 8 / 26 / 2008   24 hour MAR only	
					Chart Actual Times Given Allergies: Midazolam	
8/26/08		MST	NS 10mL IV BID and prn for IV flush	0900  2100	MST	0700 am
8/26/08		MST	Lantus 25mg SQ at 2200 daily	2200		
8/26/08		MST	Nitroglycerin 0.4 mg (1/150 gr) Sublingual PRN chest pain (unless: SBP < 90). May repeat every 5 min x 2. Maximum 3 doses.			
8/26/08		MST	Regular Insulin Sliding Scale Q 6 hours BS - Insulin Dose 0-110 - No insulin 111-125 - 2 Units 126-135 - 4 Units 136-145 - 6 Units 146-155 - 8 Units 156-200 - 10 Units <60 >200 Call ordering physician and start Regular Insulin drip IV at 0.05 Units/kg/hr and place Adult Insulin Titration in the Simulated ICU orders on the chart.	00 06 12 18	N/A MST	Not given, patient not on floor. 10 Units Given for BS 176

Initials MST Signature Mitchell S. Taylor/RN Initials \_\_\_\_\_

Signature \_\_\_\_\_

Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_

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Initials \_\_\_\_\_ Signature \_\_\_\_\_ Initials \_\_\_\_\_ Signature \_\_\_\_\_

Pt label here

8/26/08 0600

<b>CBC</b>	Reference Range	
WBC	12.8 k/mcl (H)	3.8-10.8 k/mcl
Hgb	14.2 g/dl	14-18 g/dl
Hct	42.6 %	40-54%
Platelet	245 k/mcl	130-400 k/mcl
<b>BMP</b>		
Sodium	135 mEq/L	135-145 mEq/L
Potassium	3.1 mEq/L (L)	3.5-5.5 mEq/L
Chloride	95 mEq/L	95-105 mEq/L
CO2	28 mEq/L	22-32 mEq/L
Glucose	176 mg/dL (H)	80-100 mg/dL
BUN	18 mg/dL	10-20 mg/dL
Creatinine	1.3 mg/dL	0.5-1.5 mg/dL
Calcium	7.2 mg/dL (L)	8.5 -10 mg/dL
<b>Magnesium</b>		
Magnesium	1.6 mg/dL (L)	1.8-3 mg/dL
<b>Phosphorus</b>		
Phosphorus	5 mEq/dL (H)	2.5-4.5 mEq/dL
<b>Albumin</b>		
Albumin	3.5 g/dL	3.5-5 g/dL
<b>CPK</b>		
CPK	180 IU/L (H)	55-170 IU/L
<b>CK-MB</b>		
CK-MB	3.4 ng/mL (H)	< 3 ng/mL
<b>Troponin I</b>		
Troponin I	1.3 ng/L (H)	< 1ng/mL
<b>BNP</b>		
BNP	105 pg/mL (H)	< 80 pg/mL
<b>ABG</b>		
pH	7.33 (L)	7.35-7.45
PaCO2	47 (H)	35-45
PaO2	88	80-100
HCO3	24	22-26
BE	-2 (L)	0

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Med. Rec. #007654321

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# Butler Community College Simulation Hospital

## Progress Notes

Date	Time	
Date	Time	

Chart Copy

**Sim, John T. DOB 08-26-69**  
**Adm. #0087654321**  
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