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

<u>http://assessment.homestead.com</u> (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

	Tuesday					
	Assessment Rooms 5&6	Foley/NG/Scenario Rooms 1 & 2	Venipuncture Room 15-223	IV meds adm Rooms 3 & 4		
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		

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

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

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SIMULATION	ADMITTI	NG ORDERS

08/26/08	0600	ADMIT TO: XSICU CCU MICU Telemetry Floor Non-telemetry Floor	
		DIAGNOSIS: DType II Diabetes Mellitus DR/O Myocardial Infarction XHeart Failure	
		□S/P CABG, □Chest Pain, XHead Injury, □Stroke, □GI Bleed, □S/P Lung surgery, □S/P abdominal surgery, □S/P ortho surgery, □MVC, □Lacerated Spleen, □HTN □Cancer XOther_Nausea/Vomitting_	
		CONDITION: DStable, DSerious, XCritical	
		ALLERGIES: DNo XYes If yes, list: Midazolam	
		VITAL SIGNS: Every 1 hour Every 4 hours O2 Sats. Q shift XEvery 15 minutes and pm, O2 sats. and cardiac monitor – continuous DIET: XNPO D2gm Low Na, low fat, D1800kcal ADA, D2000kcal ADA	
		X NPO	
		X IV: Saline Lock	□ Other:
		O _{2:} □ None X 2Liters/minute via Nasal Cannula □ Other: X titrate to keep sats > 90%	
		MEDICATIONS: X Aspirin non enteric coated 325 mg po daily □ Acetaminophen 650mg po q 6 hours prn pain or temp > 101.5 F. X ceftazadime 500mg IV daily □ 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 □ ketorolac tromethamine 15mg IV at 1300 X labetalol 10mg IV prn G 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 □ metoprolol 5mg PO BID X metoprolol 50mg PO BID X morphine 4mg IV q 1.2 hours prn pain □ 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.	X 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.
		(Treatments) Dressing Changes X Place Foley to dependent drainage X Place NG Tube D 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 CMP XPT/PTT/INR XMg XPhos XIonized Ca Type and CrossUnits	
		X 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

coughing Image: Coughing injury Palpitation or pounding heart Recurrent back pain or any back injury Image: Coughing injury Excessive bleeding after injury or dental work Palpitation or pounding heart Recurrent back pain or any back injury Image: Coughing injury Suicide attempt or plans Heart trouble X Knee injury Image: Coughing injury Sleepwalking High blood pressure X Knee injury Image: Coughing injury Wear corrective lenses X Low blood pressure Nerve injury Image: Coughing injury Eye surgery to correct vision Cramps in your legs Paralysis Image: Coughing injury Image: Coughing injury Complete vision loss in either eye Frequent Indigestion Epilepsy or seizure Image: Coughing injury Image: Coughing injury Wears a hearing aid Stomach, liver, or intestinal trouble Car, train, or sea sickness Image: Coughing injury Image: Coughing injury Stutters or Stammers Gall bladder trouble Frequent trouble sleeping Image: Coughing injury Image: Coughing injury Image: Coughing injury Scarlet fever Broken bones Loss of memory Image: Coughing injury Image: Coughing injury Image: Coughing inju	MEDICAL REC					REPORT O			_				0	e of Ex 8/26/0	
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Bursitis		x	+				<u> </u>	+	+			<u> </u>	1		
Asthma Used tobacco X											- see megal ouronanooo		1		
	Asthma			Ĩ		Thyroid trouble			-		Used tobacco	X			

						1	1. Female Patier	nts			
Check each item	Yes	No		Don't Know	Date of las	t menstr	ual 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											
	-	Ch	eck e	each item.			blank space to r	right.	List explanation by ite	em number.	
ITE 12. Have you been refused e		ent o	r hee	n unable	Yes	No	1. A.				
to hold a job or stay in school			1 000	ii ullable							
a. Sensitivity to chemicals?							0.000				
b. Inability to perform certain	n motion	ns?									
c. Inability to assume certain											
d. Other medical reasons? (In											
13. Have you ever been treat					X		CHF				
(If yes, describe and give age							Chr				
14. Have you ever been deni											
specify when, where, why, a complete address of hospital		01 0	octor	and							
15. Have you had, or have you		advis	ed to	have, any							
operation? (If yes, describe a											
occurred.)	Ũ	Ũ									
16. Have you ever been a pa		• •	•								
(If yes, specify when, where		nd na	me o	of doctor							
and complete address of hos		. d h .	1.								
 Have you consulted or b physicians, healers, or other 											
5 years for other than minor											
complete address of doctor,											
18. Have you ever been disc											
because of physical, mental,	or other	reas	ons?	(lf yes,							
specify.)	at a d fam.										
 Have you ever been rejected because of physical, mental, 				ervice							
20. Have you ever received,				or have							
you ever applied for pension											
existing disability? (If yes, s	pecify w	hat k	cind,	granted by							
whom, and reason.)											
21. Have you ever been arre	sted or c	onvi	cted	of a crime,							
other than minor traffic violadetails)	ations?	(II ye	s, pr	ovide							
22. Have you ever been diag	mosed w	rith a	lean	ning							
disability? (If yes, give type											
overcome.)											
23. List all immunizations re	eceived										
	1	411	Imi	muniza	tions up	to da	ate as of 2/2	28/2	2008		
											I authorize any of the doctors,
	r staff th	at are	e dire	ctly provid	ling manage	ement o	of my care to revi	iew a	nd input data into the N	Aedical Reco	rd in accordance with local, state,
and federal laws.		_			241 6					2.4	
24a. Typed or Printed Name					24b. Signat	-	_	_	24c. I	Jate	08/26/2008
John T	. Sim	1			Ľ,	Joh	In T.	S	ım		08/26/2008
						DOCUN	MENT WILL BE	E PLA	ACED IN THE MEDIC	AL RECOR	D
25. Physician's summary an	d elabor	ation	of a	II pertinent	data.						
1. Head injury	– moi	nito	r L	OC and	l obtain	CT s	scan				
2. CHF – treat	with a	lint	etic	25							
3. HTN – treat					1						
4. Type II diab						-					
5. Depression -	- Will	res	star	t the Se	rtraline	when	n patient sta	able	e		
26a. Typed or Printed Name					26b. Sigr				. Date		Patient Label Here
Dr. Sim	Getw	vell			Dr.	Si	m		08/26/2008	Sim, J	ohn T. DOB 08-26-69
					Getv	vel	1			,	#00087654321
											Rec. #007654321
		No. 252 (Con	1978 MIR	ale e statemente		21/2012	期時期間の場合には1000円	Pias Pros			

Start	End	Initials	er Community College Simulatio Medication/Treatment	Scheduled	Date: 08 / 26 / 2008	24 hour MAR
Date	Date		(Dose/Route/Frequency)	Times		only
					Chart Actual Times Given	
					Allergies: Midazolam	
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	2100		
2/28/08			hours for sedation			
2/28/08		MST	Morphine 4mg IV q 1-2 hours prn pain			
	Initials M	IST Signati	ure Mitchell S. Taylor/Ri	Initials	Signature	Sim, John T.

Initials	Signature	Initials	Signature	Adm. #0087654321
Initials	Signature	Initials	Signature	Med. Rec. #0076543

Start Date	End Date	Initials	Medication/Treatment (Dose/Route/Frequency)	Scheduled Times	Char	2 / 28 / 2008 t Actual Times Give gies: Midazolam	24 hour MAR only en
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	N/A MST	3	Not given, patient not on floor. 10 Units Given for BS

Initials <u>MS</u> 08-26-69	Signature_Mitchell S. Taylor	/RNInitials	Signature	Sim, John	T. DOB
	Titration in the Simulated ICU orders on the chart.				
	Units/kg /hr and place Adult Insulin				
	physician and start Regular Insulin drip IV at 0.05				
	<60 >200 Call ordering				
	146-155 - 8 Units 156-200 - 10 Units				
	136-145 - 6 Units				
	111-125 - 2 Units 126-135 - 4 Units	12	·		
	0-110 - No insulin			176	

Initials _____ Signature ______ Initials _____ Signature ______ Adm. #0087654321

CBC	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
BMP	
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
СРК	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) < 1 ng/mL
BNP	105 pg/mL (H) < 80 pg/mL
ABG	
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



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

TIMAT		Other Orders Write In
TIME		Other Orders write in
0600		
	Lung surgery $\square S/P abdominal surgery \square S/P of the$	
	surgery, US/F abdominal surgery, US/F on the	
		Other:
	X 0.9% Sodium Chloride IV TRA _55mL/hr D Lactated Ringers TRA	
	O ₂ : □ None X 2Liters/minute via Nasal Cannula □ Other: X titrate to keep sats > 90%	
	MEDICATIONS:	X Regular Insulin
	X Aspirin non enteric coated 325 mg po daily Acetaminophen 650mg po q 6	Sliding Scale Q 6
	hours prn pain or temp > 101.5 F.	hours
	X ceftazadime 500mg IV daily	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
	X Lantus 25mg SQ at 2200 daily	the Simulated ICU
	OthersX Place hypoglycemic orders on the chart.	orders on the chart.
	(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.	
	X CBC XBMP ICMP XPT/PTT/INR XMg XPhos XIonized Ca	
1		
	I LI I VDE AND CIOSS UNIS	1
	□Type and CrossUnits X Other tests: BNP, Cardiac Enzymes and Troponin, ABG	
		0600 ADMIT TO: XSICU □CCU □MICU □Telemetry Floor □Non-telemetry Floor DIAGNOSIS: □TypeII Diabetes Mellitus, □R/O Myocardial Infarction, XHeart Failure, □S/P CABG, □Chest Pain, XHead Injury, □Stroke, □GI Bleed, □S/P Lung surgery, □S/P abdominal surgery, □S/P ortho surgery, □MVC, □Lacerated Spleen, □HTN □Cancer

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

MEDICAL REC	COR	D		REPORT OF MEDICAL HISTORY							Date of Exam 8/26/08		
Note: This information	is for	offic	ial and me	edically-confidential	use onl	v and	will not	be released to unauth	orized				
1. Name of Patient (First, Mie				······			Identificatio			_	te of Birth		
				omas Sim				8/26/1969					
4a. Home street address (Stre				5.	5. Examining Facility								
11410 East Wally S	street,	, Apa		_ п	Butler Community College Simulation Hospital								
4b. City State Zip Code								mmunity College S	Simul	ation	Hospital		
Wichita,			KS	67211									
6. Purpose of Visit to the Hos	-	. 1	1 1.0	C 1. 1									
"I'm having severe	nead	ache											
a Dresent Hastith			7. Stat	tement of Patient's Pre	esent H			ations Currently Used					
a. Present Health							b. Current Medications at Home Furosemide 20mg PO BID, Sertraline 100 mg PO 1X daily						
								5 mg PO one time dail		io mg	PO IX daily		
			_					0mEq PO every day,	ıy,				
			Poor					50 mg PO BID,					
								ulin 10 Units SQ in the	am				
							•	lin 25 Units SQ at bed					
c. Allergies	(include	e medi	cations, latex,	bee stings, and foods)			Height		e. Weight				
	Mida	zola	m – caus	es rash				6'2"			285 lbs		
8. Patient's Occupation						9.	Are you: (c			-			
		C	onstructi	on Worker			X_Ri	ght Handed		_Lef	t Handed		
				10. Past/Curren	t Medi	cal Hi	istory						
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 join 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				Palpitation or pounding				Recurrent back pain or any		+ +			
dental work				heart				back injury					
Suicide attempt or plans Sleepwalking		┼╌╂		Heart trouble High blood pressure	XX			Knee injury					
Wear corrective lenses	x	┼╌╀		Low blood pressure	^			Foot trouble 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					
Scarlet fever		+		Deskoo haaraa				worry					
Rheumatic fever		++		Broken bones Skin diseases				Loss of memory Nervous trouble of any sort					
Swollen or painful joints		+		Tumor, growth, cyst, or				Periods of unconsciousness					
				Cancer									
Frequent or severe headache Dizziness or fainting spells	XX	<u> </u>		Hemia Hemorrhoids or rectal				Parent/sibling with diabetes,	X				
Sizziness of raining spens	^			Disease				cancer, stroke or heart disease.					
Eye Trouble				Frequent or painful urination				X-Ray or other radiation therapy					
Hearing Loss				Bed wetting since age 12				Chemotherapy		<u>†</u> †			
Recurrent ear infections				Kidney stones or blood in				Asbestos or toxic chemical					
Chronic or frequent colds		┼╂	-	urine Sugar or Protein in urine	X			exposure Plate or pin in any bone		┼╂			
Severe tooth or gum trouble	X	<u> </u>		Sexually transmitted	<u> </u>	,		Been told to cut down or		┼-┠			
Sinusitis				disease(s) Recent gain or loss of X				criticized for alcohol use					
Hay Fever or allergic rhinitis				weight						1			
Head injury	x	!		Eating Disorder Arthritis, Rheumatism, or				Easily fatigued Used illegal substances	X				
				Bursitis				Sood moyal substatices		1			
Asthma				Thyroid trouble				Used tobacco	X				

						11.	Female Patient	s			
Check each item	Yes	No		Don't Know	Date of last	menstrua	I period	Date of last pap smea	r	Date of last mammogram	
Treated for a female disorder					N/A			N/A		"Never had one"	
Change in menstrual pattern											
		Ch	eck e	each item.			lank space to rig	ght. List explanation by	item number.		
	EM		- 1		Yes	No					
12. Have you been refused e			r bee	n unable							
to hold a job or stay in school a. Sensitivity to chemicals?	of becaus	se of:	-		Static astrony and						
b. Inability to perform certai	n motion	202					-				
c. Inability to assume certain							-				
d. Other medical reasons? (I			cone	.)			-				
13. Have you ever been treat					X	· · · · · · · · · · · · · · · · · · ·	-				
(If yes, describe and give ag					^		CHF				
14. Have you ever been deni							-				
specify when, where, why, a											
complete address of hospital											
15. Have you had, or have y	ou been	advis	ed to	have, any			1				
operation? (If yes, describe a											
occurred.)		-									
16. Have you ever been a pa											
(If yes, specify when, where		nd na	me o	of doctor							
and complete address of hos							_				
17. Have you consulted or b											
physicians, healers, or other	•										
5 years for other than minor											
complete address of doctor,							-				
 Have you ever been disc because of physical, mental 	•										
specify.)	, or othe	ricas	ons:	(II yes,							
19. Have you ever been reje	cted for	milit	arv s	ervice			-				
because of physical, mental,											
20. Have you ever received,							1				
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 arre	ested or o	convi	cted	of a crime,							
other than minor traffic viol	lations?	(If ye	es, pi	rovide							
details)							_				
22. Have you ever been dia											
disability? (If yes, give type	and wh	at is r	need	ed to help							
overcome.)											
23. List all immunizations r			•				60/0	0/0000			
							te as of 2/2				
I certify that I have reviewe	d the for	regoir	ng in	formation s	supplied by	me and th	hat it is true and	complete to the best of r	ny knowledge	. I authorize any of the doctors,	
hospitals, or clinics and the	ir staff tl	hat are	e dir	ectly provid	ling manag	ement of	my care to revie	w and input data into the	e Medical Rec	ord in accordance with local, state,	
and federal laws.											
24a. Typed or Printed Name					24b. Signa	ture		240	. Date		
John	Γ. Sin	1				Iohi	n T.	Sim		8/26/2008	
				NC				PLACED IN THE MED	ICAL RECOR		
25. Physician's summary ar	ad alaba	ntion	of			DOCUMI	ENT WILL BE	PLACED IN THE MED	ICAL RECOR		
				-		OT					
1. Head injury					i obtain	CT sc	an				
2. CHF – treat	with	diui	reti	cs							
3. HTN – treat with current beta-blocker											
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				26b. Sig		<u></u>	26c. Date	1	Patient Label Here		
Dr. Sim Getwell				Des	a		0/26/2000				
Dr. Sim	Getv	veil			Dr.			8/26/2008		Sim, John T. DOB 08-26-69	
					Get	vell			Adm.	#00087654321	
										Rec. #007654321	
		-	وتعضمت	and the second		的复数形式	and county in calls that shows in a	- 周期市 - 1979年1月1日日本市委委員会部署委員会会会会	29 E. S. Start 175		

Butler Community College Simulation Lab Medication Administration Record

Start	End	Initi	Medication/Treatment	Sched	Date: 8 / 26 / 2008 24 hour MAR only
Date	Date	als	(Dose/Route/Frequency)	Chart Actual Times Given	
				Times	Allergies: Midazolam
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	
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 Signatur	MST Si re	gnature_Mitchell S. T	aylor/	
]	Initials _	Si	ignature	Initials	SignaturePt label here.

Start	End	Initi	Medication/Treatment	Sched	Date: 8 / 26 / 2008 2	24 hour MAR only
Date	Date als (Dose/Route/Frequency) uled Chart Actual Times Given				en	
				Times	Allergies: Midazolam	
8/26/08		MST	NS 10mL IV BID and		MST 0700 am	
			prn for IV flush	0900		
				2100		
8/26/08		MST	Lantus 25mg SQ at 2200	2100		
8/20/08		IVIS I	daily			
	1			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	00	N/A	Not given, patient not on
0/20/00	1		Scale Q 6 hours	p		floor.
			BS - Insulin Dose	06	MST	10 Units Given for BS
			0-110 - No insulin	12		176
			111-125 - 2 Units	18		
			126-135 - 4 Units			
			136-145 - 6 Units			
			146-155 - 8 Units 156-200 - 10 Units			
			150-200 - 10 Onits <60 >200 Call ordering			
			physician and start			
	1		Regular Insulin drip IV at			
			0.05 Units/kg			
			/hr and place Adult			
			Insulin Titration in the			
			Simulated ICU orders on			
			the chart.			
	-					
]	Initials	MST Si	gnature Mitchell S. T	aylor/	RN Initials	
	Signatu	re				
]	Initials	S	ignature	_ Initials	Signature	Pt label here
]	Initials	S	ignature	_ Initials	Signature	
	Initials	S	ignature	_ Initials	Signature	
	Initials	S	ignature	_ Initials	Signature	

8/26/08 0600

CBC	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
BMP	
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
СРК	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) $< 1 ng/mL$
BNP	105 pg/mL (H) < 80 pg/mL
ABG	
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

Butler Community College Simulation Hospital

		Progress Notes
Date	Time	
Date	Time	

Chart Copy

Sim, John T. DOB 08-26-69 Adm. #0087654321 Med. Rec. #007654321

Butler Community College Simulation Hospital

PHYSICIAN'S ORDERS

Date	Time	
Date	Time	Orders & Signature

Chart Copy