

Simulation Design Template

Discipline:

Student Level:

Expected Simulation Run Time:

Guided Reflection Time:

Location:

Location for Reflection:

Admission Date: Today's Date: 12-3-2008

Brief Description of Patient: **19 year old college freshman on a wrestling scholarship**

Name: Ryan Gender: Male Age: 19

Race: Caucasian

Weight: **160** Lbs. Height: **71** in.

Religion: Protestant Major Support:

Parents

Phone: (785)4605440

Allergies: Penicillin

Immunizations:

Tdap

Polio

MMR

Hep. A

Hep. B

Varicella

Meningitis

Attending Physician/Team: Dr. Mac Meninges

Past Medical History: T & A at age 5

Shoulder dislocation 3 years ago

History of Present illness: **General malaise, headache for the past 48 hours. Nucal rigidity for past 24 hours. Fever for past 24 hours. Seizure at 0800 today and was brought to ER.**

Social History: **Lives in a fraternity house, social drinker, non smoker. Participates in varsity wrestling at CCC.**

Primary Medical Diagnosis: **Seizure R/O Meningitis**

Surgeries/Procedures & Dates: **Lumbar puncture and lab work done in emergency room earlier today.**

Psychomotor Skills Required prior to simulation: **IV medication Administration, physical assessment, Focused neurological assessment, Basic Isolation precautions, Safety precautions, vital signs**

Cognitive Activities Required prior to Simulation: i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L) (What students do to prepare)

**Complete pre scenario worksheets**

Simulation Learning Objectives: 3 objectives are good yet adequate

1. Provide a complete initial assessment of the patient.
2. Assess for warning signs and symptoms of impending seizures.
3. Assess and provide appropriate teaching related to seizure disorder.
- 4.
- 5.

Fidelity (choose all that apply to this simulation)

<p>Setting/Environment</p> <ul style="list-style-type: none"><li><input type="radio"/> ER</li><li><input checked="" type="radio"/> <b>Med-Surg</b></li><li><input type="radio"/> Peds</li><li><input type="radio"/> ICU</li><li><input type="radio"/> OR / PACU</li><li><input type="radio"/> Women's Center</li><li><input type="radio"/> Behavioral Health</li><li><input type="radio"/> Home Health</li><li><input type="radio"/> Pre-Hospital</li><li><input type="radio"/> Other _____</li></ul> <p>Simulator Manikin/s Needed:</p> <p><b>Gown</b></p> <p><b>ID Band</b></p> <p>Props:</p> <p>Equipment attached to manikin:</p> <p><b>Yes IV tubing with primary line</b></p> <p><b>D5NS fluids running at 100 cc/hr</b></p> <ul style="list-style-type: none"><li><input type="radio"/> <input checked="" type="radio"/> <b>Secondary IV line</b> __ running at __cc/hr</li><li><input checked="" type="radio"/> <b>X IV pump</b></li><li><input type="radio"/> Foley catheter _____cc output</li><li><input type="radio"/> PCA pump running</li><li><input checked="" type="radio"/> <b>IVPB with</b> ___ running at ___ cc/hr</li><li><input checked="" type="radio"/> <b>XX 02</b> _____</li><li><input type="radio"/> <b>Monitor attached</b></li><li><input checked="" type="radio"/> <b>X ID band with allergy</b></li><li><input checked="" type="radio"/> <b>XX Medications</b></li><li><input checked="" type="radio"/> <b>XX Suctioning</b></li></ul> <p>Equipment available in room</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> <b>X Bedpan/Urinal</b></li></ul>	<p>Medications and Fluids</p> <p><b>IV Fluids: D5 NS 100 ml/hr</b></p> <p><b>Ampicillin 2 gm IVPB q 4 hours</b></p> <p><b>Oral Meds:</b></p> <p><b>Acetaminophen 500 mg. p.o. q 4 hours prn or may use rectal suppository if unable to take p.o.</b></p> <p><b>IVPB:</b></p> <p><b>Ampicillin 2 gm IVPB q 4 hours</b></p> <p><b>Alternate for allergies to penicillin: Cefuroxime Sodium ( Zinacef) 3 gm IVPB q 8 hours</b></p> <p><b>IV Push:</b></p> <p><b>Phenobarbital 250 mg. IVP now (over 5 minutes. )</b></p> <ul style="list-style-type: none"><li><input type="radio"/> IM or SC:</li></ul> <p>Diagnostics Available</p> <p><b>X Labs, CBC, CMP, Blood cultures X3, UA/UC</b></p> <ul style="list-style-type: none"><li><input type="radio"/> <b>X-rays (Images),</b></li><li><input type="radio"/> <b>12-Lead EKG</b></li><li><input checked="" type="radio"/> <b>X Results of Lumbar puncture pending</b></li></ul> <p>Documentation Forms</p> <ul style="list-style-type: none"><li><input checked="" type="radio"/> <b>X Physician Orders</b></li><li><input type="radio"/> Admit Orders</li><li><input type="radio"/> Flow sheet</li><li><input checked="" type="radio"/> <b>X Medication Administration Record</b></li><li><input type="radio"/> Kardex</li><li><input checked="" type="radio"/> <b>X Graphic Record</b></li><li><input type="radio"/> Shift Assessment</li><li><input type="radio"/> Triage Forms</li><li><input type="radio"/> Code Record</li><li><input type="radio"/> Anesthesia / PACU Record</li></ul>
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- Foley kit
- Straight Catheter Kit
- Incentive Spirometer
- Fluids
- IV start kit
- **X IV tubing**
- **X IVPB Tubing**
- **X IV Pump**
- Feeding Pump
- Pressure Bag
- O2 delivery devices type
- Crash cart with airway devices and emergency medications
- Defibrillator/Pacer
- Suction
- **X Other Padding for bed rails**
- **O2**
- **Suctioning**

- Standing (Protocol) Orders
- Transfer Orders
- Other \_\_\_\_\_

Other Props

**Isolation gown, gloves, mask**

Recommended Mode for simulation, i.e. manual, programmed etc.

**Meti – Program and detach tabs**

**Begin program to switch to manual.**

#### Roles / Guidelines for Roles

- **X Primary Nurse**
- **X Secondary Nurse**
- Clinical Instructor
- **X Family Member #1 Mother**
- Family Member #2
- **X Observer/s**
- Physician / Advanced Practice Nurse
- Respiratory Therapy
- Anesthesia
- Pharmacy
- Lab
- Imaging
- Social Services
- Clergy
- Unlicensed Assistive Personnel
- Code Team
- **X Other\_\_LPN, CNA, Med Nurse Role**

Important information related to roles:

**Family member #1, no droplet precautions (no mask, no gown).**

**LPN acts only when RN delegates to her.**

**CNA acts only when delegated by RN.**

#### Student Information Needed Prior to Scenario:

- **X Has been oriented to simulator**
- **X Understands guidelines /expectations for scenario**
- **X Has accomplished all pre-simulation requirements**
- **X All participants understand their assigned roles**
- **X Has been given time frame expectations**

Report students will receive before simulation:

Time:

**Previous shift admitted from ER and now you will be assigned the patient. Read ER report and admission nurse report. Instructor will give verbal report to them. 19 year old male college wrestler who experienced a seizure at his Frat. House and was brought to ER. Admitted to med surg unit with the orders below. Family, mother at side.**

**Critical Lab Values:**

**No lab available yet. Lumbar puncture no available yet.**

Physician Orders: Have admitting orders of :  
**Admit to med surg unit with diagnosis of seizure disorder r/o meningitis.**

**Activity: Bathroom privileges with assistance as tolerated.**

**Diet: Diet as tolerated.**

**D5NS 100/hr**

**Acetaminophen 500 mg. as above.**

**Phenobarbital as above**

**Ampicillin as above.**

**Call lumbar puncture results to Dr. when available.**

**Droplet precautions.**

**Seizure precautions.**

**O2 sat. keep above 90% titrate O2**

**Vitals & Neuro checks q 2 h**

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms used for this scenario: (site source, author, year, and page)

## Seizure Scenario

Timing (Approximate)	Manikin Actions	Expected Interventions	May use the following clues:
Initial: 10-15 min.	Nucal Rigidity Lethargic Temp. 100.8 Pulse 74 Respirations 16 Blood Pressure 136/84 Pupils reactions: Equal bilaterally, reactive C/O Headache Lung sounds equal bilaterally, Heart sounds normal, abd. Bowel sounds active X 4 quad., Pulses all present and equal.	RN needs to inform mother to get a gown and mask on. ( Safety precautions) RN initial focused assessment RN Assign med nurse to give Phenobarbital and antibiotic. RN delegate seizure precautions to LPN (pad rails) RN delegates CNA to do vitals.	Role Member providing cue: Mother: “Why are you dressed like that?” “I can’t understand you can you take off your mask”  Cue:
Call Physician 5 to 10 min.,	No change	RN calls doctor with drug allergy. Alternative antibiotic given.	If try to give wrong med then mother could ask what they are giving and tell them her son is allergic to penicillin.
Allergic Reaction ( If needed) Only if Ampicillin given.	Anaphylactic reaction, chest wheezing Tongue swelling Tachy-92 Resp. 22 Verbal SOB	Elevate the HOB Stop Antibiotic Administer O2 Assess s/s, Call doctor for order. Administer Epinephrine or Benadryl whichever is ordered.	Could allow the patient to get the ampicillin and have an anaphylactic reaction.
Manual transition into seizure: Have seizure if no Phenobarbital given within 15 minutes (Frame 1 initial)	Activate seizure Decrease resp. to 8 Decrease O2 sat to 88 Cyanotic or sticky note on finger saying they are cyanotic.	Assess breathing Start O2 if not on already. Turn to side position Administer Phenobarbital if not given.	Mother: “Why is he shaking?”

**NCLEX Test Plan Category (choose all areas included in the simulation)**

Safe, Effective Care Environment

## Management of Care

- Advanced Directives
- Advocacy
- Case Management
- Legal rights and responsibilities
- Staff Education

Clients Rights  
Confidentiality  
**Establishing Priorities**  
Performance Improvement  
Resource management

Collaboration  
**Delegation**  
Informed Consent  
Referrals  
Supervision

## Safety and Infection Control

- Accident Prevention
- Emergency Response Plan
- Injury Prevention
- Reporting of Incident Event
- **Standard / Transmission Based Precautions**

Disaster Planning  
Handling Hazardous and Infectious Materials  
**Medical and Surgical Asepsis**  
**Safe Use of Equipment**

**Error Prevention**  
Security Plan  
Restraints

## Health Promotion and Maintenance

- Aging Process
- **Developmental Stages**
- Expected Body Image Changes
- Health and Wellness
- **High Risk Behaviors**
- Lifestyle choices

Ante/Intra/Postpartum and Newborn Care  
**Disease Prevention**  
**Family Systems**  
Health Promotion  
Human Sexuality  
Self Care

Family Planning  
Growth and Develop  
Health Screening  
**Immunizations**  
**Physical Assessment**

## Psychosocial Integrity

- Abuse / Neglect
- Chemical Dependency
- End of Life
- Mental Health Concepts
- Religious and Spiritual Influences
- Situational Role Changes
- Therapeutic Environment

Behavioral Interventions  
Coping Mechanisms  
Family Dynamics  
Psychopathology  
Sensory / Perceptual Alterations  
Therapeutic Communications  
Unexpected Body Image Changes

Crisis Intervention  
Cultural Diversity  
Grief and Loss  
Stress Management  
**Support Systems**

## Physiologic Integrity

### Basic Care and Comfort

- Alternative and Complimentary Therapies
- Elimination
- Non-Pharmacologic Comfort
- Nutrition and Oral Hydration

Mobility / Immobility  
Palliative / Comfort Care

Assistive Devices  
Rest and Sleep  
Personal Hygiene

### Pharmacological and Parenteral Therapies

- Adverse Effects/Contraindications and Side Effects
- Blood and Blood Products
- Expected Outcomes / Effects
- **Pharmacologic Interactions**

Central Venous Access Device  
**Medication Administration**  
Pharmacologic Pain Management

**Dosage Calculation**  
**Intravenous Therapy**  
Parenteral Fluids  
TPN

### Reduction of Risk Potential

- Diagnostic Tests
- Monitoring Conscious Sedation
- Potential for Complications from Surgical Procedures and Health Alterations
- **System Specific Assessment**

Laboratory Values  
Potential for Alteration in Body Systems  
Therapeutic Procedures

**Vital Signs**

### Physiologic Adaptation

- Alteration in Body Systems
- Illness Management
- Unexpected Response to Therapies

Fluid and Electrolyte Imbalances  
**Infectious Diseases**  
Radiation Therapy

Hemodynamics  
**Medical Emergencies**  
Pathophysiology

## Debriefing / Guided Reflection Questions for this Simulation:

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel about completing this simulation experience?
2. What were your primary concerns in this scenario?
3. Did you miss anything in getting report on this patient?
4. Did you have sufficient knowledge/skills to manage this situation?
5. What were your primary nursing diagnoses in this scenario? What nursing interventions did you use, what outcomes (NOC) did you measure? Where is your patient in terms of these outcomes now?
6. What did you do well in this scenario?
7. If you were able to do this again, what would you do differently?

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

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