Carol Unger

Over view of patient/setting:

Carol Unger has just started using lantus and is unfamiliar with the signs of low blood sugar, however she is aware she tends to have how blood pressure and no problems with that. Is a very cooperative patient and has lots of questions. Additional complexities: Increased symptoms of hypoglycemia, but no loss of consciousness. Age: 65 years Gender: Female Post op day 3 abdominal surgery (hemicolectomy for diverticulitis) and is starting to take PO, only ate 25% of breakfast.

Medical History:
Diverticulitis
Type 2 Diabetes (dx 1 year ago), insulin dependent (started lantus 1 month ago)

Allergies: none

Meds at home: Lantus 30 units SQ every morning

Allergies: None

Objectives:

1. Perform focused assessment on post op patient
2. Identify s/s of hypoglycemia
3. Correctly test blood glucose
4. Follow protocol for treatment of hypoglycemia

Critical Actions:

- Assessment- specifically: vital signs, perfusion, mental status, signs of hypoglycemia
- Blood glucose finger stick
- Students should differentiate between hypoglycemia and hypotension, pt BP is low, but the first priority should be to check blood glucose
- SBAR report to provider and charge nurse

Roles:

- Nurse 1 (shift leader)
- Nurse 2
- Nurse Tech/NAC
- Recorder

Manikin Actions (simulations can be done using Simman or Vital sim or static mannequin)

Time	Cues/Narrative	Noticing/interpreting	Responding/reflecting	Computer/client response
1100	While student is performing initial assessment and patient complains of feeling dizzy, and cold and clammy	Introduce self, ID pt, wash hands, etc Assessment- check LOC (a&Ox3), dressing, perfusion (cap refill <3sec) Assess vital signs, note low BP (100/60) Student review chart/orders AM BG: 110	Review Hypoglycemia protocol	**"I prefer to be called Mrs. Unger"** **Base line vital settings** **Pain 2/10** **Feeling dizzy, drowsy but responsive**
1110	Patient should continue to complain of symptoms, deny feeling more dizzy with position changes, that usual BP is low or comment about poor appetite Strongest cue: "this is how I feel when my blood sugar is low…"	Call provider at this point- may be unsure of cause of symptoms or next steps; or per protocol Prompted to review hypoglycemia protocol if not yet done	check blood sugar (primary may delegate task to procedure or nurse tech) Review orders, discuss need for snack with patient and team	**Vitals stay the same** **Blood Sugar result: 60** **Patient may discuss history of DM (for 1 year) and new use of lantus (only in the past month) to prompt teaching if needed**
1115	If hypoglycemia is not yet idenfitied: further prompting in the form of charge nurse making assessment recommendations ("have you checked her blood sugar yet?")	discuss need for snack or call dietary for recommendation if unsure (graham crackers or milk)	Provide snack to patient (graham crackers/milk) Provide teaching to patient about s/s of hypoglycemia and treatment	**Patient asks questions about what is happening and why**
1120	Charge nurse enters room, asks for report on patient (SBAR) and plan of care to conclude scenario	Provide SBAR, discuss need to reassess based on protocol and plan of care if blood sugar remains under 80.	If not yet done, students notify provider of low blood sugar and administration of snack per protocol	**Patient states feeling better, asks if she can order some lunch now**

PROVIDER ORDERS

Write in your doctor orders here. This form can then be printed for students to use during the scenario

Patient Name: Carol Unger **DOB:1-2-1950** **MR#_1007689_____** **Height: 65 in Wt: 90 kg** **Gender Female_____**	**Diagnosis:** Post op day 3 abdominal surgery (hemicolectomy for diverticulitis)
Allergies:NONE	

DATE	**TIME**	**PHYSICIAN ORDER AND SIGNATURE**
today	**1100**	**GI Surgical Unit orders**:
		IV Fluids: NS @100 ml/hr
		DIET: Diabetic
		I&O: Per shift
		Blood Glucose finger stick before meals and at bedtime
		Vital signs: Q 8 hrs
		Notify provider for:
		Temperature > 101F
		HR > 100 BPM
		Systolic BP< 100mmHg or >160 mmHg; DBP <40
		Blood Glucose <60
		Medications:
		Lantus 20 Units Subcutaneous injection every morning before breakfast
		Morphine 5-10 mg IV push PRN pain Every 6 hours
		Zofran (ondansetron) 4mg IV push PRN Nausea Every 4 hours
		Percocet 2 tabs by mouth Every 6 hrs PRN for pain when able to tolerate PO
		Hypoglycemia protocol:
		If blood sugar <60
		If patient awake, alert and not NPO, give 15 gms carbohydrate (4 oz. juice, 4 oz. regular soda,
		3 graham crackers, or 8 oz. milk) and notify provider.
		If blood sugar less than 60 mg/dL, patient NPO or not alert, give 25 ml Dextrose 50% IV push and notify provider.
		Repeat blood sugar in 15 minutes
		If blood sugar remains below 80mg/dL repeat snack or repeat 25 ml Dextrose 50%.
		If blood sugar above 80 mg/dL, repeat blood sugar in 1 hour.
		Blood Glucose <60

PHYSICIAN/PROVIDER SIGNATURE	

To assist the lab personnel to set up your simulation provide the following information:

NOTE: not every scenario will need all the types of items listed below.

Mannequin: Sim Man with wig.
Clinical Setting: Surgical Floor, standard room set up
Bed Type: Hospital
Hospital menu on bedside table (diabetic diet)
Supplies- Abd pad with scant drainage marked
Body Props: ABD pad mid abdomen, SCDs
Body Position: semi-fowlers, resting
IV Access: one site
Moulage: Wig
Arm Band: Carol Unger, 1/2/1950

Supplies

Suction, 02 nasal cannula and masks, ambu bag
Variety of IV fluids, tubing
Dressing supplies (ABD pads, tape)
Assessment supplies: ekg leads, thermometer Sim Man vital equipment (Sa02 probe, BP cuff)
Med admin supplies (syringes, alcohol, etc)
Glucometer

Meds:

MEDS needed for scenario:
Zofran (ondansetron) 4mg/2ml IV
Lantus bottle
Dextrose 50% in prefilled syringe
Normal Saline bags (0.9% Sodium Chloride solution, 1000 ml bag)
Morphine IV 5mg/10ml bottle
Percocet tabs (5/500)

Diagnostics:

Glucometer values

Documentation/Forms

Pt Chart with doctor orders, progress notes
MAR
Kardex
Labs for chart

PRE-BRIEF (should be done in debrief room) 5-10 min

The Pre brief allows the students to be oriented to what will happen for the simulation, decreasing anxiety and setting them up for success as well as enhancing the learning experience.

Present learning objectives for this simulation (can write on white board), discuss environment, roles and expectations: establish “fiction” contract (you try to make sim as real as possible, students agree to act as if everything is real); discuss what things may be simulated only, ie hang fluids but don’t turn on pump; etc

Reassure students that simulation is not to expose their weaknesses or humiliate them; convey non-evaluative learning simulation, "mistakes are learning tools".

Present how things will go, ie "you will do a simulation scenario for about 20 min, afterwards we will debrief and discuss the scenario for the next 20 and then we may run the simulation again (if applicable). **Then read shift report.**

Prior to starting the simulation PLEASE:
Have the students wash their hands
Instruct students to only use pencils in the simulation room and to not lay any printed materials on the simulation manikin
Ensure students are oriented to the simulator:

-breath sound locations
-heart sound locations
-all pulses
-blood pressure cuff and where to take a BP
-O2 location and how works
-use of monitor if using for your scenario
-pulse oximeter if using
-supplies for this scenario
-medications and med book for this scenario
-fluids, IVs and how to use, ie will they use a pump or run to gravity, will they let it flow or turn on and then off and simulate

Additional before class preparation:
Students will receive the patient report and orders before class to review. Students will bring completed medication information worksheet to class.
Reading assignments: review chapters in their textbooks on diabetes and care of post op patients (both content areas that are taught in this quarter).
Additional reading assignment on diverticulitis and its treatment, followed by short quiz on canvas (this is new content to students).

SHIFT REPORT

You may use a shift report of different complexity depending on scenario. This is an example, but it is important to give the students patient information they will need to care for the patient successfully

Monday 1100	**Report to students:** **Patient Carol Unger 1-2-1950** Time now is 1100; 65 year old female, is post op day 3 abdominal surgery (hemicolectomy) and is starting to take PO, c/o of poor appetite. 0830: only ate 25% of breakfast (oatmeal with milk). IV NS is running at 100 cc/hr. BP is 100/60, HR 100, Sat02 96%, RR 12, T. 99.0 F. Last void: 100 ml at 0900, Last BM: small, loose at 0900. Before breakfast blood glucose: 110; CBC, CMP all WNL History of diabetes, receiving Lantus 20 units subQ every morning. Patient is confused/sleepy, patient complains of dizziness, and feels "cold/clammy". **Medical history:** Diverticulitis, type 2 Diabetes, insulin dependent

MD Script when called by nurse

This is Dr. Novak. Listen for SBAR report; prompt for information as needed

If students do not identify the cause of symptoms or need further guidance, refer them to the hypoglycemia orders
As dietary, make recommendations for snack (graham crackers or milk)
As charge nurse once patient has received PO snack, receive SBAR from nurses, ask about plan (students should mention need to reassess, etc)

DEBRIEFING

The literature supports that the debriefing can be the most important part of the simulation; it is not meant to be a time for lecture, although you will want to take an opportunity to clarify any issues that came up during the simulation. It is student led with the instructor as the facilitator. Debriefing should last about 20 min.

In the debriefing students will discuss and analyze how the patient was managed and identify things that could be done differently or that went well.

Sample questions (want the students to reflect on the experience and identify how they felt about their ability to handle the situation)

1. Were the learning objectives met? (should list these on the board in the debrief room before simulation for review)
    a. If not, any idea why not met?
2. What were some of your primary concerns in this scenario?
3. Talk about what went well during the scenario.
4. Describe what happened there (for a specific situation) and why it happened the way it did
5. What else about how you handled that situation can you discuss?
6. What did not go well or would you do differently?
7. Was there anything that made you uncomfortable during that scenario?
8. What guided your decision making process when you did XXXXX?
9. What information did you use when making care decisions?
10. How much was time pressure a factor in your decision and actions?
11. What would you do differently?
12. How do you feel you performed as a team? Was important information shared among team members?
13. How was the communication with the provider?
14. How would you summarize this experience?
    Address the following
    - Safety
    - Assessment
    - Med administration
    - Resources
    - Communication
    - Teamwork/Delegation
    - Clinical Decision/Judgement
    - Interventions

Ensure the following are addressed and clarify any gaps in knowledge:
Scenario Objectives:
1. Perform focused assessment on post op patient

Ask students to discuss priorities of care in a post op patient
2. Identify s/s of hypoglycemia
Ask students about the differences in symptoms for hypoglycemia and hypotension
3. Correctly test blood glucose
Ask about reasons for low BG and why to check
4. Follow protocol for treatment of hypoglycemia
Have students discuss rationale for the steps in the protocol, rationale for the choices they made
Skills:
Assessment- specifically: vital signs, perfusion, mental status, signs of hypoglycemia
Blood glucose finger stick
Students should differentiate between hypoglycemia and hypotension, pt BP is low, but the first priority should be to check blood glucose
SBAR report to provider and charge nurse

Adapted from Stevens, K. (2010). Simulation template used at WSU. Obtained via private correspondence March, 2016.