PATIENT CHART

Jayla Wright Simulation #1

SBAR Report Students Will Receive Before Simulation

**Time:** 0400

**Person providing report:** Triage Nurse

**Situation:** Jayla Wright is a 24-year-old woman of color. She fell exiting public transportation five days ago.

**Background:** Jayla fell five days ago exiting public transportation. She presents to the Emergency Department with a wound on her left upper thigh. She denies hitting her head or losing consciousness. She has been trying to care for her wound as she is reluctant to seek care. Her friends were insistent she seek medical attention when her wound started draining.

**Assessment:** Jayla is alert and oriented. She has a wound present on her left upper thigh with purulent drainage. She cannot recall her last tetanus vaccine and does not have a primary care provider. Jayla denies taking medications.

**Recommendation:** Obtain vital signs. Administer Jayla a tetanus vaccine. Talk to Jayla regarding her reluctance to seek medical attention. \*\* Faculty note\*\* may also want students to perform an assessment. Would consider the time students would be able to complete.

Provider Orders

**Allergies/Sensitivities: NKDA**

|  |  |
| --- | --- |
| **Date/Time:** |  |
| xx/xx/xxxx | Tdap 0.5 mL IM X 1 dose now. |
|  |  |

Progress Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
|  |  |
|  |  |
|  |  |

Nursing Notes

|  |  |
| --- | --- |
| **Date/Time:** |  |
|  |  |
|  |  |

Medication Administration Record

Scheduled & Routine Drugs:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of administration:** | **Initials** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |

PRN and STAT Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | **Initials** |
| xx/xx/xx | Acetaminophen  | 500 mg | PO | PRN, q 6 hours, as needed for temperature over 101 or pain 1-3/10 on pain scale.  | Not given |  |  |
| Xx/xx/xx | Tdap | 0.5 mL | IM | X 1 |  | Xx/xx/xx |  |

Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
|  |  |  |  |
|  |  |  |  |

Vital Signs Record

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date:** | xx/xx/xxxx |  |  |  |  |  |
| **Time:** | 0400 |  |  |  |  |  |
| **Temperature:** | 100.5 |  |  |  |  |  |
| **Heart Rate/Pulse:** | 92 |  |  |  |  |  |
| **Respirations:** | 18 |  |  |  |  |  |
| **Blood Pressure** | 140/84 |  |  |  |  |  |
| **O2  Saturation:** | 99% |  |  |  |  |  |
| **Weight:** | 135 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Nurse Initials:** | *CC* |  |  |  |  |  |

Medication Reconciliation Form

**Source of medication list (i.e. patient, family member, primary care provider):**

**Allergies/Sensitivities: NKDA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Medication Name** | **Dose** | **Route** | **Frequency** | **Reason** | **Last Dose** | **Continue/DC** |
| Does not take any home medications.  |  |  |  |  | X/XX/XX | [ ]  C [ ]  DC |
|  |  |  |  |  | X/XX/XX | [ ]  C [ ]  DC |
|  |  |  |  |  | X/XX/XX | [ ]  C [ ]  DC |
|  |  |  |  |  | X/XX/XX | [ ]  C [ ]  DC |

|  |
| --- |
| Signature RN: *Carolyn Cousins*Print Name: Carolyn Cousins, RN Date: xx/xx/xxxx |

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Scan to pharmacy

Lab Data

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result** | **Reference Range** |
| WBC | 13.0 | 4.1-10.9x10 |
| RBC | 5.0 | 4.3-5.9x10 |
| HCT | 42 | 40-50% |
| HbG | 15 | 13.2-17.5 |
| PLT | 500 | 150-400x10 |

|  |  |  |
| --- | --- | --- |
| **Basic Metabolic Panel** | **Result** | **Reference Range** |
| BUN | 9 | 5-20 mg/dL |
| Ca | 9.1 | 8.5-10.2 mg/dL |
| CL | 100 | 98-107 mEq/L |
| NA | 136 | 134-144 mEq/L |
| K | 5.2 | 3.6-5.0 mEq/L |
| Glucose | 120 | 65-100 mg/dL |
| CO2 | 24 | 23-29 mEq/L |
| Creatinine | 0.9 | 0.6-1.2 mg/dL |

Intake & Output Bedside Worksheet

**INTAKE OUTPUT**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ORAL** | **PO** | **IV** | **IVPB** | **OTHER** | **URINE** | **EMESIS** | **NG** | **Drains****Type:** | **Other** |
|  |  |  |  |  |  |  |  |  |  |
| **Total Intake this shift:**  | **Total Output this shift**: |