Simulation Design Template

Judy Jones – Simulation #2

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| **Date:**  **Discipline:** Nursing  **Expected Simulation Run Time:** approx. 20 minutes  **Location: Medical/Surgical Unit**  **Today’s Date:** | **File Name:** Judy Jones  **Student Level:**  **Guided Reflection Time:** Twice the amount of time that the simulation runs  **Location for Reflection:** |

Brief Description of Patient

**Name:** Judy Jones **Pronouns:** she/her

**Date of Birth:** 12/7/YYYY (reflect age 85) **Age**: 85

**Sex Assigned at Birth**: Female **Gender Identity**: Female

**Sexual Orientation:** heterosexual **Marital Status:** widowed

**Weight**: 115.3 lb (52.3 kg) **Height**: 67 in

**Racial Group:** (Faculty can select) **Language:** English **Religion**: (Faculty can select)

**Employment Status**: retired **Insurance Status**: Medicare **Veteran Status**: N/A

**Support Person:** Karen Jones (daughter) **Support Phone:** 555-555-5566

**Allergies:** Sulfa **Immunizations:** Influenza 3 months ago; Pneumonia 2 years ago

**Attending Provider/Team:** Annette Parks, MD

**Past Medical History:** Cervical spondylosis, hyperlipidemia controlled by diet, and minor neurocognitive disorder due to Alzheimer’s disease manifested by short-term memory issues, sequencing and executive function deficits.

**History of Present Illness:** Illness began with a runny nose and non-productive cough six days ago. On day six, she went to the doctor’s office with a fever, shortness of breath, wheezing, and a productive cough. She was admitted from the doctor’s office and started on IV fluids and antibiotics.

**Social History:** Widow for seven years; lives at home with her daughter.

**Primary Medical Diagnosis:** Pneumonia

**Surgeries/Procedures & Dates:** Carpal tunnel surgery on left wrist at age 58, on right wrist at age 60.

Psychomotor Skills Required Prior to Simulation

* Assess and flush saline lock.
* General head-to-toe assessment

Cognitive Activities Required Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Community acquired pneumonia, major and minor neurocognitive disorders, delirium and care of confused older adults
* Alternatives to restraints

Review the Mental Status Assessment of Older Adults: The Mini-Cog™ - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog> in the [Try This:® Series](https://hign.org/consultgeri/try-this-series) from the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing contains many evidence-based assessment tools.

Read: Avoiding Restraints in Hospitalized Older Adults with Dementia

<https://hign.org/consultgeri/try-this-series/avoiding-restraints-patients-dementia>

Review the Essential Nursing Actions in the ACE.Z Framework at: <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-z/nln-ace-z-framework-7faac35c-7836-6c70-9642-ff00005f0421>

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all of the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data*.*
5. Reassess/monitor patient status following nursing interventions.
6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives

1. Conduct a focused assessment.
2. Assess current medications for potential complications or contraindications in the elderly.
3. Implement safety measures for a client experiencing confusion and delirium.
4. Use restraint-free alternatives to manage patient with confusion and delirium.
5. Assess and flush a saline lock.
6. Administer the Mini-Cog assessment.

Faculty Reference

Essential Nursing Actions in the ACE.Z Framework at: <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-z/nln-ace-z-framework-7faac35c-7836-6c70-9642-ff00005f0421>

The [Try This:® Series](https://hign.org/consultgeri/try-this-series) from the Hartford Institute for Geriatric Nursing (HIGN) at the NYU Rory Meyers College of Nursing contains many evidence-based assessment tools. The tool recommended for this scenario is the Mental Status Assessment of Older Adults: The Mini-Cog - <https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog>.

**Additional Resources:**

Assessing and Managing Delirium in Older Adults with Dementia –

<https://hign.org/consultgeri/try-this-series/assessing-and-managing-delirium-persons-dementia>

Avoiding Restraints in Hospitalized Older Adults with Dementia –

<https://hign.org/consultgeri/try-this-series/avoiding-restraints-patients-dementia>

Dementia: Nursing Standard of Practice Protocol: Recognition and Management of Dementia - <https://hign.org/consultgeri/resources/protocols/dementia>

Recognition of Dementia in Hospitalized Older Adults –

<https://hign.org/sites/default/files/2020-06/Try_This_Dementia_5.pdf>

Working with families of hospitalized older adults with dementia

<https://hign.org/consultgeri/try-this-series/working-families-hospitalized-older-adults-dementia>

Therapeutic Activity Kits - <https://hign.org/sites/default/files/2020-06/Try_This_Dementia_4.pdf>

Waszynski, C., Veronneau, P., Therrien, K., Brousseau, M., Massa, A. & Levick, S. (2013). Decreasing patient agitation using individualized therapeutic activities. [*AJN, American Journal of Nursing*](http://www.nursingcenter.com/library/journals.asp?journal_id=54030), 113 (10), 32-39. Available at <https://www.nursingcenter.com/cearticle?an=00000446-201310000-00024&Journal_ID=54030&Issue_ID=1606223>

The Healthcare Simulation Standards of Best Practice™

<https://www.inacsl.org/healthcare-simulation-standards>

Setting/Environment

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| Emergency Department  Medical-Surgical Unit  Pediatric Unit  Maternity Unit  Behavioral Health Unit | ICU  OR / PACU  Rehabilitation Unit  Home  Outpatient Clinic  Other: |

Equipment/Supplies

**Simulated Patient/Manikin(s) Needed:** Human patient simulator or simulated patient.

**Recommended Mode for Simulator:** manual

**Other Props & Moulage:** Wrist restraints and a sleeve or stocking that could be placed over the arm should be noticeable in the room, such as on the nightstand or bedside table.

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| **Equipment Attached to Manikin/Simulated Patient:**  ID band  IV tubing with primary line fluids running at \_\_ mL/hr  Secondary IV line running at \_\_ mL/hr  IVPB with \_\_ running at \_\_ mL/hr  IV pump  PCA pump  Foley catheter with \_\_ mL output  02 via nasal cannula  Monitor attached  Other: Saline lock in left hand  **Other Essential Equipment:**  **Medications and Fluids:**  Oral Meds:  IV Fluids:  IVPB:  IV Push: see chart  IV Push:  IM or SC: | **Equipment Available in Room:**  Bedpan/urinal  02 delivery device (type)  Foley kit  Straight catheter kit  Incentive spirometer  Fluids  IV start kit  IV tubing  IVPB tubing  IV pump  Feeding pump  Crash cart with airway devices and emergency medications  Defibrillator/pacer  Suction  Other: Wrist restraints at bedside, stocking or sleeve that may be used to cover the IV site |

Roles

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| --- | --- |
| Nurse 1  Nurse 2  Nurse 3  Provider (physician/advanced practice nurse)  Other healthcare professionals:  (pharmacist, respiratory therapist, etc,) | Observer(s) Any number of observers  Recorder(s)  Family member #1  Family member #2  Clergy  Unlicensed assistive personnel  Other: |

Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to <http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate>.

Report Students Will Receive Before Simulation

**Time:** 2100 Thursday (day 3 of hospitalization)

**Person providing report:** Nurse going off duty

**Situation:** Judy Jones is an 85-year-old female patient of Dr. Annette Parks who was admitted with a diagnosis of community-acquired pneumonia. We are currently treating her with IV antibiotics and respiratory treatments.

**Background:** Ms. Jones has a medical history of cervical spondylosis - she takes acetaminophen for pain as needed, and hyperlipidemia that is controlled by diet. She has minor neurocognitive impairment due to Alzheimer’s disease manifested by short-term memory issues, and sequencing and executive functioning deficits. During the day she is easily redirected, but earlier tonight was much more confused. She went into the employee refrigerator and took two sandwiches back to her room and ate a little of each. Then she proceeded to take out her saline lock and placed it like a toothpick in one of the sandwiches. The resident on call doubled her dose of lorazapem to 2mg. She is sleeping now.

**Assessment:** Ms. Jones is alert and oriented to self. She needs to be reoriented often to place and time. She is confused. Her vital signs at 2000 were temp 99.2, HR 96 and rhythm regular. RR was 24, BP 128/62. Pulse ox was 95% on 2 liters of oxygen via nasal cannula. She frequently removes her cannula, and when she takes it off I have seen her pulse oximetry go as low as 90%. Upon auscultation she has rhonchi bilaterally and occasional wheezing. There are PRN respiratory treatments if she is wheezing. We are encouraging her to use the incentive spirometer every hour.

She is on a regular diet, and her appetite is good. Her abdomen is soft with positive bowel sounds; she had a bowel movement today.

Judy has been ambulating to the bathroom and urinating without difficulty. Her gait is steady. She forgets to reapply her nasal cannula when she gets back into bed after ambulating. Her skin looks good; there are no areas of breakdown. She has a saline lock in her left hand.

**Recommendation:** I would recommend checking on her frequently due to her confusion and removing of the oxygen. It is important that we continually assess her respiratory status and encourage the incentive spirometry; her last albuterol treatment was at 1830.

When you go to assess Ms. Jones she will need her saline lock flushed and her Mini-Cog assessment completed. I was unable to do the Mini-Cog on her because she was asleep when I went back to reassess her after the lorazepam.

Scenario Progression Outline

**Patient Name:** Judy Jones **Date of Birth:** 12-07-YYYY (reflect age 85)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-5 min** | Judy is just waking up. “Hi, who are you? Are you the new teacher?”  Temperature: 99  HR: 90  RR: 20  BP:132/60  Pulse ox: 94% | **Learners should begin by:**   * Performing hand hygiene * Wake and identify patient. * Introduce selves. * Confirming patient ID * Take vital signs. | **Role member providing cue:** Patient  **Cue:** If students don’t introduce themselves, Judy says. “Hey, do you know the date or the president? They’re always asking me and I don’t know.” |
| **5-10 min** | Patient has a productive cough of thin yellow sputum.  Lung Sounds: Rhonchi  During the assessment patient says, “Listening for quiet things” as the assessment continues “boom boom bap, scat goes the cat pushing, pressing coughing, making a pie.”  Patient attempts to pull out the IV site several times or says. “I’m taking this thing OUT of my arm.”  Judy tries to get out of bed or says “I am getting OUT of this bed and going HOME!”  Patient calms down and reorients for a short period with restraint- free interventions. | **Learners are expected to**:   * Assess patient. * Communicate therapeutically with client. * Implement restraint-free alternatives. * Use distraction rather than trying to re-orient | **Role member providing cue:**  Cue: |

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| **10-15 min** | Judy says “What are you doing to me?” | **Learners are expected to**:   * Explain procedure in layman’s terms. * Administer the IV flush. | **Role member providing cue:** Patient  Cue: If students don’t explain what they are doing Judy says, “HELP! They’re trying poison me!” and will start to pull at IV site. |
| **15-20 min** | Judy draws a clock.  Completed clock drawing attached  Judy cannot remember any of the three words but responds “Meow…good kitty.” | **Learners are expected to**:   * When Judy is calm, administer the Mini-Cog. |  |

**Judy’s Clock Drawing:**

Judy's clock drawing showing a clock face numbered 1-13. The number 8 is in the 6 o'clock position and number 12 is in the 9 o'clock position. Two hands of equal length point toward 1 and 11.

Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the listed objectives and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

**Themes for this scenario:**

* Safety concerns for a patient who is confused and delirious
* Restraint free management of the confused and delirious patient including use of distraction, rather than reorientation
* Recognition that medications such as benzodiazepines (lorazapam) can have adverse effects in older adults

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). The debriefing questions for consideration are organized into the phases of debriefing, as recommended by the Healthcare Simulation Standard of Best Practice™ The Debriefing Process. The following phases are included below: Reactions/Defuse, Analysis/Discovery and Summary/Application. Remember to also identify important concepts or curricular threads that are specific to your program.

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| **Debriefing Phase** | **Debriefing Questions for Consideration** |
| Reactions/ Defuse | How did you feel throughout the simulation experience? |
| Give a brief summary of this patient and what happened in the simulation. |
| What were the main problems that you identified? |
| Analysis/ Discovery | Discuss the knowledge guiding your thinking surrounding these main problems. |
| What were the key assessment and interventions for this patient? |
| Discuss how you identified these key assessments and interventions. |
| Discuss the information resources you used to assess this patient. How did this guide your care planning? |
| Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations? |
| Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking. |
| What information and information management tools did you use to monitor this patient’s outcomes? Explain your thinking. |
| How did you communicate with the patient? |
| What specific issues would you want to take into consideration to provide for this patient’s unique care needs? |
| Discuss the safety issues you considered when implementing care for this patient. |
| What measures did you implement to ensure safe patient care? |
| What other members of the care team should you consider important to achieving good care outcomes? |
| How would you assess the quality of care provided? |
| What could you do improve the quality of care for this patient? |
| Summary/ Application | If you were able to do this again, how would you handle the situation differently? |
| What did you learn from this experience? |
| How will you apply what you learned today to your clinical practice? |
| Is there anything else you would like to discuss? |

Guided Debriefing Tool

The NLN created a Guided Debriefing Tool to provide structure from which facilitator observations can make objective notes of learner behaviors in simulation in direct relationship to the learning outcomes. [Download the NLN Guided Debriefing Tool](https://www.nln.org/docs/default-source/uploadedfiles/professional-development-programs/sirc/guided-debriefing-tool.docx?sfvrsn=f659d27e_3).