Simulation Design Template

Sherman “Red” Yoder – Simulation 2

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| **Date:** **Discipline:** Nursing**Expected Simulation Run Time:** 20-25 minutes**Location:** home**Today’s Date:** | **File Name:****Student Level:** **Guided Reflection Time:** Twice the amount of time that the simulation runs.**Location for Reflection:**  |

Brief Description of Patient

**Name:** Sherman “Red” Yoder **Pronouns:** he/him

**Date of Birth:** 11-13-YYYY (reflect age 80) **Age**: 80

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

**Sexual Orientation:** heterosexual **Marial Status:** widow

**Weight**: 240 lb (109 kg) **Height**: 71 in

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

**Employment Status:** retired **Insurance Status**: VA benefits **Veteran Status:** Army Vet

**Support Person:** Jon (son) and Judy (daughter-in-law) **Support Phone:** 869-555-3452

**Allergies:** No known allergies **Immunizations:** Influenza last fall; tetanus 4 years ago

**Attending Provider/Team:** Frank Baker, MD

**Past Medical History:** Diabetes type 2 diagnosed 6 months ago

**History of Present Illness:** Developed an ulcer on big toe 5 weeks ago. Was treated with oral antibiotic and moist dressings daily. Became weak and ill yesterday and family members noted foot wound was worse.

**Social History:** Widower; son Jon lives nearby

**Primary Medical Diagnosis:** Wound infection; rule out sepsis

**Surgeries/Procedures & Dates:** Laminectomy (L 4-5) 25 years ago; transurethral resection of prostate 6 years ago

Psychomotor Skills Required of Participants Prior to Simulation

* Head to toe physical assessment
* Focused assessment of circulatory status and wound
* Specimen collection for wound culture
* Oxygen administration
* IV fluid management

Cognitive Activities Required of Participants Prior to Simulation

Use textbook and other faculty-directed resources to review:

* Nursing management of the patient with diabetes
* Wound assessment and care
* Confusion in older adults
* Geriatric syndromes
* Atypical presentation of signs of sepsis in older adults

Review the Essential Nursing Actions in the ACE.S Framework at: <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-s/nln-ace-s-framework>

Review CAM assessment tool 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.

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. Complete a head-to-toe assessment with focus on wound and circulatory systems
2. Administer oxygen
3. Manage IV fluids
4. Obtain wound culture
5. Assess for delirium using CAM tool

Faculty Reference

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, an article about using the tool, and a video illustrating the use of the tool, are all available for your use. The CAM tool is recommended for this simulation.

Essential Nursing Actions in the [ACE.S Framework](ACE.S%20Framework) at: <https://www.nln.org/education/teaching-resources/professional-development-programsteaching-resourcesace-all/ace-s/nln-ace-s-framework>

Clifford, KM, Dy-Boarman, EA, Haase, KK, Maxvill, KH, Pass, S. & Alvarez, CA, (2016). Challenges with diagnosing and managing sepsis in older adults. Expert Review of Anti-infective Therapy 14(2): 231-241 doi:10.1586/14787210.2016.1135052

Surviving Sepsis Campaign: <https://www.sccm.org/SurvivingSepsisCampaign/Home>

The Healthcare Simulation Standards of Best Practice™

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

Setting/Environment

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| [x]  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:** Manikin that can produce vital signs; simulated patient for family member.

**Recommended Mode for Simulator:** Manual

**Other Props & Moulage:** Wound moulage: right great toe should have a wound that has some depth and bright red tissue around the wound and opaque drainage. Right foot is swollen.

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| **Equipment Attached to Manikin/Simulated Patient:**[ ]  ID band [x]  IV tubing with primary line fluids running at 125 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[x]  Monitor attached[ ]  Other: **Other Essential Equipment:** Telephone**Medications and Fluids:**[ ]  Oral Meds: [x]  IV Fluids: 0.9% NaCl[ ]  IVPB: [ ]  IV Push: [ ]  IM or SC:  | **Equipment Available in Room:**[ ]  Bedpan/urinal[x]  02 delivery device (type) [x]  Foley kit[ ]  Straight catheter kit[ ]  Incentive spirometer[ ]  Fluids[ ]  IV start kit[ ]  IV tubing[ ]  IVPB tubing[x]  IV pump[ ]  Feeding pump[ ]  Crash cart with airway devices and emergency medications[ ]  Defibrillator/pacer[ ]  Suction [ ]  Other:  |

Roles

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| [x]  Nurse 1[x]  Nurse 2[ ]  Provider (physician/advanced practice nurse)[ ]  Other healthcare professionals:  (pharmacist, respiratory therapist, etc.) | [x]  Observer(s) Any number of observers[ ]  Recorder(s)[x]  Family member #1 Judy and/or Jon[ ]  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:** 1500

**Person providing report:** Emergency Department Charge Nurse

**Situation:** 80-year-old male just transported here by ambulance. Family member went to visit and found him weak, ill and unable to get out of bed.

**Background:** Red Yoder is an 80-year-old type 2 diabetic treated with metformin and glipizide. He was healthy, alert, and active until he developed a pressure ulcer on his right great toe about 5 weeks ago. He was treated at home with moist saline dressings daily, and family thought it was improving. They last visited him 5 days ago. Today, his son found him in bed and confused and he called Dr. Baker’s office and was instructed to call 911. His foot is red and edematous and much worse according to his son.

Paramedics started an IV of 0.9% NaCl. It is running at 125 mL/hour in his right forearm. Dr. Baker called in some orders and said he will be in soon. The lab tech just drew his bloods and reported that his blood glucose was 78.

**Assessment**: 80-year-old male with possible wound infection; rule out sepsis.

**Recommendation:** Please do a head to toe assessment and get a wound culture.

Scenario Progression Outline

**Patient Name:** Sherman (Red) Yoder **Date of Birth:** 11-13-YYYY (reflect age 80)

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| **Timing (approx.)** | **Manikin/SP Actions** | **Expected Interventions** | **May Use the Following Cues** |
| **0-10 min** | Patient drowsy but easily aroused; has trouble keeping track of what is said.Temperature: 38C/100F; pulse 86; respiratory rate 28; blood pressure 116/64Oxygen saturation 92% | **Learners should begin by:*** Performing hand hygiene
* Introducing selves
* Confirming patient ID
* Begin head to toe assessment
 | **Role member providing cue:****Cue:** |
| **10-15 min** | Patient status remains the same. Able to answer most questions. Rambles at times. “I feel so weak.” Denies pain.Temperature: 38C/100F; pulse 88; respiratory rate 28; blood pressure 116/60, oxygen saturation 95% after/if oxygen applied | **Learners are expected to:*** Complete head to toe assessment
* Apply O2
* Assess IV
* Support family, answer questions when possible
 | **Role member providing cue**: Judy or Jon**Cue: If learners do not apply oxygen:** “He is breathing kind of fast.”**Cue: If learners do not check IV:** “Is his IV ok?” |
| **15-20 min** | Red: “Why am I here in the hospital? Where’s Jon?” Able to answer most questions. Not able to focus attention.Pulse 92, respiratory rate 26, blood pressure 112/60, oxygen saturation 97% if oxygen applied, 90% if not. Denies pain. | **Learners are expected to:*** Assess pain/sensation
* Assess wound size including: color of wound tissue, wound margins, depth, color and temperature of foot; edema, odor, drainage, pulses
* Obtain wound culture
 | **Role member providing cue:** Judy or Jon**Cue:** If learners don’t ask about mental status, then: “He seems so jumbled. This isn’t like him.” |

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| **20-25 min** | Red’s behavior and information provided by family indicates a positive response to questions 1 through 6, negative responses to questions 7 & 8. Family does not know if there has been disturbance in sleep/wake cycle (question 9).Red asleep but arousable.Pulse 90, respiratory rate 25, blood pressure 114/64, oxygen saturation 98% if oxygen applied, 90% if not. | **Learners are expected to:*** Administer CAM assessment tool
* Confer with family members to assist with CAM questions
* Notify physician of assessment results
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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:**

* Acuity of patient’s condition
* Sepsis in the older adult
* Selected Essential Nursing Actions from ACE.S Framework

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).