The Clinical Education Center is packed with new clinical content and nursing application
Please prepare for the simulation scenarios as you would for a clinical day.
Be prepared to provide knowledgeable, effective, and safe patient care in each of the simulation scenarios today. You will need to prepare for simulation in advance.

Please prepare before this experience:
- Complete the Nursing Care Plan tool utilizing the patient data for simulation patient Dorothy Dix provided in this workbook.
- You will be responsible for pages 1-3 for simulation experience #1 and pages 4 – 10 for simulation experience #2.

Please read and review before this experience:
- This workbook
- Highlighted procedures and readings
- CDC Immunization Schedules @ http://www.cdc.gov/vaccines/schedules/index.html
- CDC vaccine Information statements (VIS) @ http://www.cdc.gov/vaccines/pubs/vis/default.htm

Please bring to this experience:
- This workbook, please review the simulation in detail. You should be familiar with the patient’s PMH, admitting diagnosis, possible interventions which include medications
- Completed Care Plan
- Stethoscope
- Clinical resources i.e. pen, penlight, clipboard
- Davis Drug book
- Eagerness and the appetite to explore the nursing vanguard 😊
Clinical Education Center

Activity #1
Medication administration via Gastric Tubes

30 minutes
Your role as a student nurse:
Review Administering oral medications, Craven Procedure 19-1 p.440 and also Administration through tubes p.421
Review Administering Specialized Nutritional Support via Small-Bore Nasogastric, Gastrostomy, or Jejunostomy Tube, Craven Procedure 28-3 p. 921 and also p 904-911.

Critical Thinking Exercise:
- You are assigned to care for a patient with a Gastric Tube. Please administer a medication through her GT. Please check for residual and flush tube with proper amount of H2O. Also review which medications would not be given through a feeding tube. What precautions does a nurse need to take when caring for this patient?

Activity #2
Review of IM and SQ medications
Including Vaccines

30 minutes
Your role as a student nurse:
Review Administering Subcutaneous (SQ) Injections Craven Procedure 19-7 p. 457 also p. 429-430
Review Administering Intramuscular (IM) Injections Craven Procedure 19-8 p. 457 also p. 431-434
CDC Immunization Schedules @ http://www.cdc.gov/vaccines/schedules/index.html
CDC vaccine Information statements (VIS) @ http://www.cdc.gov/vaccines/pubs/vis/default.htm

Critical Thinking Exercise:
- You are assigned to provide care for a 66 y.o. patient being discharged later today. Please administer the 2012 influenza vaccine before discharge. Please document administration and locate correct VIS on the CDC website. Documentation should include:

<table>
<thead>
<tr>
<th>Manufacture:</th>
<th>Lot #:</th>
<th>Exp. Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route:</td>
<td>Site:</td>
<td>Initials:</td>
</tr>
</tbody>
</table>

Activity #3
Review of IV bolus medication administration
Including I & Os when IVPB infusing

30 minutes
Your role as a student nurse:
Review Administering medications by Intravenous (IV) Bolus Craven Procedure 19-9p. 464 and also p. 435
Review Administering Intravenous (IV) medications using Intermittent Infusion Technique Craven Procedure 20-7 p. 523-525 and also p. 485

Critical Thinking Exercise:
- You are assigned to provide care for requiring an IV push medication. Please administer the IV push med. Also, please total the patients I & Os for the last 8 hours. She has a continuous IV infusion @ 75 that is interrupted when the 50mL IVPB is infused over 30 minutes and when the other 250mL IVPB was infused over an hour.

Activity #4
Developing a Nursing Plan of Care
Including discharging a patient

20 minutes
Your role as a student nurse:

Critical Thinking Exercise:
- Interactive discussion and review of Care Plan and Discharge Plan for Dorothy Dix.

NURS 3132: Integration II  Experience 2 CEC/Sim Workbook
G-tubes, Peg Tubes, Dobhoffs, and NGs O’ My!
Adapted from University of Colorado Hospital. (2009). University of Colorado Hospital Policy and Procedure Adult Enteral Tube Feeding (c196909). Aurora, CO: Author

Types
2. PEG (Percutaneous Endoscopic Gastrostomy tube) device placed endoscopically from the esophagus into the gastrointestinal tract for administering enteral feedings.
3. Small bore tube: small diameter tube (8 Fr - 12 Fr).
4. Large bore tube: large diameter tube (14 Fr or 16 Fr).
5. Gastrostomy: large bore surgically placed tube into the stomach for feeding.
6. Jejunostomy: small or large bore tube surgically placed into the jejunum for feeding

Tube Management
All enteric tubes should be monitored every 4 hours for inadvertent displacement. For small bore nasoenteric tubes, check oropharynx to rule out loops of tubing. Confirm mark on tube at point of exit for signs of possible migration

Administration of tube feeding:
1. Unless a medical contraindication exists, patient’s head should be elevated to a minimum of 30 degrees, and preferably to 45 degrees for duration of feeding and a minimum of 30 minutes after feeding is completed.
2. For a ready to use formula administered via an opened system, the formula should hang no more than 8 hours for full-strength formula, or 4 hours for diluted formula. The tube feeding bag and tubing should be changed every 24 hours.
3. Opened ready to use formula may be refrigerated for up to 48 hours.
4. Blue food coloring will not be added to enteral feedings.
5. Gastric residual volumes (GRV) should be monitored at least every 4 hours for patients not awake and alert, and managed utilizing the following guidelines:
   • For gastric feedings (large bore tube, specialty small bore tube, gastrostomy) check GRV prior to each intermittent feeding and every 4 hours with continuous feedings.
   • After one GRV greater than 350ml (unless amount otherwise specified by physician), notify physician and consider prokinetic therapy. Initiation of a prokinetic agent requires a physician order. Do not hold tube feeds.
   • After two GRV greater than 350ml or one GRV greater than 400ml, hold feeds for one hour. Resume feeds after one hour as per protocol at previous rate.
   • Notify physician when feedings are being held and the volume of residuals obtained.
6. Small bore tube gastric residuals (8F and 10F tubes) may not be obtainable due to small size and pliability of the tube.
   • Do not check residuals with a post-pyloric or small bowel feeding tube due to lack of small bowel reservoir capacity. Patient should be assessed for signs of feeding intolerance, i.e., nausea, vomiting, and/or abdominal distention. If feeding intolerance is presumed in an intubated/sedated patient, a large bore nasogastric tube should be placed into the stomach for GRV assessment and drainage.

Patient Care Considerations:
1. A Nutrition Consult is required for all patients receiving enteral nutrition, if not already completed by Dietitian.
2. Because patients with nasoenteric tubes tend to breathe through their mouth, frequent mouth care is important.
3. To facilitate tolerance of tube feeding, increases in rate should be made gradually.
4. After a patient coughs or vomits, it is important to check the throat to make sure the tube has not coiled or slipped out.

Documentation:
1. The following should be documented in the electronic record: type of tube; confirmation of tube placement; type, strength, and amount of feeding administered; protein powder or Pro-Stat given; residuals obtained; patient’s tolerance of feeding; head of bed position; site care.

NURS 3132: Integration II Experience 2 CEC/Sim Workbook
Guidelines for maintaining tube patency:

1. Use sterile water or tap water for flushes and irrigation. Sterile water may be indicated in immuno-compromised and critically ill patient populations.
2. When patient is receiving enteral feeding, flush tube with 10-30ml water every 4 hours during feedings, at beginning and end of feedings, and before and after med admin.
3. Because gastric acid coagulates enteral formulas, tube should be flushed before and after checking for residuals with 30 ml water for irrigation.
4. If unable to flush with warm water, obtain a physician order to declog tube with two tabs crushed pancrelospase (8000 units) mixed with one tab crushed sodium bicarbonate (650 mg) in 5-15ml warm water.
5. Juices and colas should not be used to declog a feeding tube; the low pH can actually increase clogging by precipitating proteins.
6. To administer protein powder as ordered by a physician, mix one scoop protein powder per 60-90 ml warm tap water and stir until dissolved. Administer by syringe.
7. To administer Pro-Stat 64 as ordered by a physician, combine Pro-Stat with 30-50 ml of water per tube prior to flushing into feeding tube.
8. Upon completion of intermittent feeding, flush tube with 10-30 ml water for irrigation. Clamp tube and disconnect from administration set. Rinse administration set and tubing thoroughly.
   Cont. to elevate HOB for 30 - 60 minutes after feeding has been discontinued.

Administering medications via the feeding tube:

1. Anatomical location of the tube should be considered before giving medication. Certain medications are absorbed only in the stomach and therefore should not be administered via tube into the small bowel (duodenum or jejunum).
2. The tube must be flushed with water before, after, and between any medications to prevent chemical incompatibilities causing the tube to clog. This includes liquid medication. Flush using sterile water or tap water only.
3. Do not administer crushed or solid medications through an 8 Fr or smaller bore tube. May administer crushed medications only through a 10F or larger bore tubes.
4. Meds should not be added to the feeding container but given directly into the tube.
5. Sustained release, long acting or enteric coated medication should not be crushed and should not be given through feeding tubes.
6. Elixir medications containing Sorbitol may cause a physiologic incompatibility (diarrhea, bloating or cramping).
7. Because food can interfere with absorption of some medications, consult a Pharmacist with questions related to medication administration times.
8. Administration of meds via NCJ should be avoided due the high risk of clogging

Site Care

1. Large bore and small bore nasoenteric tubes: Change tape on nose as needed, removing any adhesive residue from skin. Apply skin barrier before applying new tape. Tape tube in such a way as to avoid skin breakdown of nare. Note tube markings for correct placement and assessment of tube migration.
2. Tubes using abdominal access: For initial 2 days, clean site with Hibiclens twice daily or as needed for excessive drainage. After 2 days, clean site every day with soap and water. Redress with split gauze dressing.
   - Should leakage occur around the tube, appropriate skin barriers and wafers should be utilized to protect surrounding skin. Attempt to identify the cause of leakage.
3. Tubes should be stabilized to prevent displacement, pain, or enlargement of the tract

Quick reference

- All enteric tubes should be monitored every 4 hours for displacement
- Tubes should be stabilized to prevent displacement, pain, or enlargement of tract
- HOB minimum of 30 degrees and preferably to 45 degrees
  - Continue to elevate HOB for 30 - 60 minutes after feeding DC
- Gastric residual volumes (GRV) monitored at least every 4 hours
- Flush tube with 10-30ml water every 4 hours during feedings, at beginning and end of feedings, and before and after medication administration
- Flush tube before and after checking for residuals with 30 ml water
- The tube must be flushed with water before, after, and between any medications to prevent chemical incompatibilities causing the tube to clog. This includes liquid medication. Flush using sterile water or tap water only
  - Administer crushed meds only through a 10F or larger bore tubes
Simulation

Your role as a student nurse:
Please review this workbook including each scenario, the patient’s medical orders, MAR, and admission report

Review Lewis, Dirksen, Heitkemper, Bucher& Camera (2011)
Chapter 28 Lower Respiratory Problems p. 546-550
Chapter 40 Nutritional Problems p. 931-935
Chapter 13 Inflammation and Wound Healing p. 197
Review Craven, Applying a Negative-Pressure Wound Therapy Dressing, Procedure 29-4 p. 972 and also p 955

Critical Thinking Exercise:
• Be prepared to work for 15 minutes in groups of 3 to complete objectives for each scenario
• Three students will actively participate in simulation and 3 students will actively observe
• All 6 students will actively participate for 15 minutes with an instructor guided debrief

General Patient Medical Information for All Scenarios Today

Primary Medical Diagnosis: Pneumonia

History of Present Illness:
Ms. Dorothy Dix is a 66 year old female who has been on the Pulmonary Unit for 2 days with a diagnosis of Pneumonia. She needs to be free of shortness of breath, copious productive green sputum, and fever, along with received 48 hours of IV antibiotics before discharge home.

Situation
66 year old female admitted to Dr. Jeffrey Mann Pulmonary Service with Dx: Pneumonia

Back Ground
Patient is 66 year old female who was admitted through the ED 2 days ago with a recent history of cough, chills, fever, diaphoresis, pleuritic pain and dyspnea. She has complained of occasional shortness of breath with a productive cough with thick yellow-green sputum. She has a history of thyroid cancer which was treated 3 months ago with a total thyroidectomy and radiation therapy. The radiation therapy has made it difficult for her to swallow and clear secretions. She had a 7mm Portex tracheostomy placed 1 month after the thyroidectomy and a gastric tube placed 1 month ago to add in nutritional intake when a left hip stage 4 pressure ulcer was discovered. The left hip pressure ulcer was debrided and a wound vac placed at this time as well.

PMH: hypercholesterolemia, GERD, 20 year 1 pack a day smoker-quit 30 years ago, thyroidectomy with radiation therapy 3 months ago, tracheostomy placed 2 months ago, left hip pressure ulcer with wound vac 1 month ago, and a gastric tube with cyclic nightly feedings started 1 month ago.
She lives with her husband of 30 years and she is a retired elementary teacher. She goes to a speech therapist once a week to help her with swallowing therapy and exercises to improve pharyngeal mobility. She and her husband have been caring for her trach, GT, and wound vac at home with the oversight of home health care visits once a week. They go to a wound clinic bi-weekly for the pressure ulcer follow-up and management.

Assessment:
ED assessment: A & O x 4 with a headache and fatigue. S1 S2 no murmurs. Respiratory effortun labored with some rhonchi throughout on a 40% trach collar. Decreased trach suctioning for yellow sputum. BS active x 4 quads. GT in place with drain dressing and TF @ NOC. Wound vac dressing in place over Left hip PU, pt has home wound vac unit. MAE x 4. Right AC 18 gauge PIV placed 2 days ago.
Please see each scenario for specific assessment changes

Recommendations:
Please see each scenario for specific objectives
**PULMONARY UNIT PATIENT SHIFT REPORT** 2 days after patient admitted

**Pt. Name/room number:** Dorothy Dix CU sim room 2 G 3  Age: 66 yo female

**Diagnosis:** Pneumonia

**MD/service:** Pulmonary Kay Wortel NP # 0812/Dr. Mann Attending

**Allergies:** Iodine, PCN  Code Status: Full  Admit Weight 66.2kg  Admit Height 5’6”

**Situation**

**Hospital course:** Recent history of cough, chills, fever, diaphoresis, pleuritic pain and dyspnea. + LPN on x-ray. Came from home on healing Stage 4 Wound Vac in place

**History:** HTN  DM  CHF  Asthma  COPD  CVA  Seizures  Alzheimer’s/Dementia  Bariatric  Pacemaker/ICD  MI  CABG  GERD  ↓ Thyroid  ↑ Cholesterol  Smoker ← quit 30 yr

**Other:** total thyroidectomy w/ R.T. 3 years ago, trach 2 months ago, GT 1 month ago

**Background**

**Admit Weight**

**Admit Height**

**Hospital course:** Recent history of cough, chills, fever, diaphoresis, pleuritic pain and dyspnea. + LPN on x-ray. Came from home on healing Stage 4 Wound Vac in place

**History:** HTN  DM  CHF  Asthma  COPD  CVA  Seizures  Alzheimer’s/Dementia  Bariatric  Pacemaker/ICD  MI  CABG  GERD  ↓ Thyroid  ↑ Cholesterol  Smoker ← quit 30 yr

**Other:** total thyroidectomy w/ R.T. 3 years ago, trach 2 months ago, GT 1 month ago

**Infection:** MRSA  TB  Neutropenic  Other:

**V/S:**

- **Time:** 1600
- **B/P:** 110/74
- **Pulse:** 88
- **Temp:** 37.6
- **Resp:** 18
- **SpO2:** 95 on 40% TC

**Pain Score:** 2/10

- **Last Pain Med:** None
- **Time:**
- **Relieved:** Decreased  No Change

**IV Site:**

- **R AC**
- **Started:** 2 days ago
- **Fluid/Rate:** D5 ½ NS @ 75

**IV Site:**

- **Started:**
- **Fluid/Rate:**
- **Cont. Medication:**

**Blood Transfusion:** None

**Neuro:**

- Alert
- Drowsy
- Non-responsive
- Oriented x4
- Confused
- Combative
- Sedated

**Cardiac:**

- Rhythm: regular

**Respiratory:**

- **O2:** via TC
- LPN 40%
- **Trach:** 7mm Portex
- **Cough:**
- **Crackles:**
- **Rhonchi:**
- **Wheezing:**
- **SOB:**
- **Last Resp. Tx:** albuterol @ 1600

**Chest Tube/s:** None

- **Suction:** Yes @ 1600
- **No Drainage:** Thick yellow-green sputum

**GI:**

- **Regular diet & Cyclic TF**
- **Swallow Risk**
- **Nausea**
- **Vomiting**
- **Last Med:**
- **Diarrhea**
- **LBM**
- **Today @0600**
- **Ostomy**
- **Gastric Tube**
- **NG**
- **Dobhoff**
- **Aspiration Precautions**

**GU:**

- **Voiding**
- **Foley**
- **Other:** BSC

**Skin Integrity (describe):** Clean/Dry

- **Decubitus**
- **Location:** Healing Stage 4 PU to L Hip-Wound Vac @ 125 mmHg
- **Not Addressed**

**Ortho/Mobility:**

- **Bedrest**
- **HOB:** 45 degrees
- **Up**
- **Down**
- **Amb w/Assistance**
- **Splint**

**Psych/Social:**

- On Admission: Accompanied by: Husband Jeff  Alone  Non-English Speaking
- **Deaf**
- **Blind**
- **Substance Abuse**
- **ETOH**
- **Psych Dx**
- **Other:**

**Yesterday’s weight:** 66.2kg  **Today’s weight:** 66.5kg

**Lab (Significant Values):**

- **WBC 7.2**

**I & O prior 24hr total:**

- **I:** 3800
- **O:** 3400

**I & O prior 8hr total:**

- **I:** 1250
- **O:** 750

**Pertinent Labs/Tests In Progress:**

- CBC, CK & BMP c Ca drawn @ 0600 results on monitor

**Discharge Planning:**

- Case manager involved: Yes  No

**D/C Plan:**

- Discharge pt home after 48 hours of antibiotics in the am. Patient will need pneumo & flu vaccine, home wound vac, and home O2 if SPO2 less than 88%

**Reporting Unit Nurse (Please Print):** Kelli Craddock

**Ext:** 3322 6299 6295

**Date:** Today  **Time:** 1900

********THIS IS NOT A PERMANENT PART OF THE CHART********

**NURS 3132: Integration II Experience 2 CEC/Sim Workbook**
**DATE:** 2 days ago  
**TIME:** 2000  

**ATTENDING PHYSICIAN:** Dr. Mann  
**UPI ID #1123**

**ORDERING HEALTHCARE PROVIDER:** GME/UPi  
Kay Wortel NP  
**UPI ID #** 1223

**SERVICE:** Pulmonary  
**CODE STATUS:** Full

**PAGER:** 0812

**ALLERGIES:** Iodine, PCN

1. Admit to Observation unit awaiting Pulmonary unit bed availability
2. Admit height: 5’6” Admit weight: 66.2 Kg
3. Diagnosis: Pneumonia
4. PMH: GERD, hypercholesterolemia, total thyroidectomy 2/t Ca, trach, GT
5. Vital Signs with pulse oximetry q 4 hours and pm
6. Call HO: for acute change in status, Temp ≥ 38.5 C or ≤ 35, SBP ≥ 160 or ≤ 90, DBP ≥ 100 or ≤ 40, HR ≥ 120 or ≤ 50, RR ≥ 24 or ≤ 8
7. Intake and Output q 8 hours
8. Oxygen continuous per trach collar as needed to keep SpO2 ≥ 92%
9. Trash care and suctioning as needed
10. Activity: up ad lib, ambulate patient 3 times a day  
   Change position every 2 hours while in bed  
   Sitting no more than 1 hour three times daily
11. Diet: Regular as tolerated  
   Enteral Tube feeding-Cyclic (nocturnal feeding) Jej view 1.5 @ 80 mL/hour for 8 hours  
   Water flushes 30ml every 4 hours via feeding tube, during feedings, at beginning and end of feedings, after aspiration for residuals, and before and after medication or protein modular administration. Use tap water.  
   Tube feeding water bolus (for hydration) every 6 hours, administer 250 mL water
12. Aspiration precautions, raise head of bed 30-45 degrees unless otherwise contraindicated
13. Send Blood Cultures x 2, CBC, Prealbumin, BMP with Phosphorus and Hepatic panel
14. Send Sputum Culture
15. Send ABG
16. XR chest 2 view PA Lateral
17. Wound vac therapy: Apply wound vac to Sacral healing Stage 4 PU, change dressing every MWF, wound/ostomy RN to place initial dressing and unit RN to perform all other dressing changes  
   On MWF irrigate wound with NS, place Med vac black foam to a Vac Cannister  
   Pressure settings of: 125mmHg Continuous
18. Weigh patient every morning
19. Inpatient consult to Nutrition
20. Incentive spirometer, deep breathe and cough every hour while awake

**SIGNATURE/TITLE**  
Kay Wortel NP  

Orders transcribed by:  
Title:  
Date:  
Time:  

Verified by:  
Title:  
Date:  
Time:  

---

Dorothy Dix  
DOB: 8/12  
MRN: 77889978
Dispensing by non-proprietary name under formulary system is permitted, unless checked here: ☐

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
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</thead>
<tbody>
<tr>
<td>2 days ago</td>
<td>2000</td>
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</table>

**ATTENDING PHYSICIAN:** Dr. Mann  
**UPI ID #** 1123

**ORDERING HEALTHCARE PROVIDER:** GME/UPI  
**Kay Wortel NP**

**SERVICE:** Pulmonary  
**PAGER:** 0812  
**CODE STATUS:** Full

**ALLERGIES:** Iodine, PCN

(Admission ORDERS CONT. BELOW Page 2 of 2)

1. **IV Infusions:** D5 ½ NS at 75 ml/hr
2. **Synthroid** 125 mcg orally/GT once daily
3. **Lipitor** 10 mg orally/GT once at night
4. **Ceftriaxone** IVPB 2 g in 50 mL every 24 hours
5. **Azithromycin (Zithromax)** 500 mg in 250 mL IVPB every 24 hours
6. **Nexium** 40 mg IVP every night
7. **Albuterol** 5 mg Nebulized treatment or Albuterol MDI inhaler with spacer 2 puffs every 2 hours as needed for SOB
8. **Zofran** 4 mg IV push every 6 hours as needed for nausea
9. **Tylenol** 500 mg orally every 4 hours as needed for mild pain 1-3, HA, or temp greater 38.5 C

**Kay Wortel NP**

**SIGNATURE/TITLE**

**Orders transcribed by:**  
**Title:**  
**Date:**  
**Time:**

**Verified by:**  
**Title:**  
**Date:**  
**Time:**

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**ATTENDING PHYSICIAN:** Dr. Mann  
**UPI ID #** 1123

**ORDERING HEALTHCARE PROVIDER:** GME/UPI  
**Kay Wortel NP**

**SERVICE:** Pulmonary  
**PAGER:** 0812  
**CODE STATUS:** Full

**ALLERGIES:** Iodine, PCN

1. **Restoril 15mg orally/GT once at night as needed for sleep**
2. **CBC, BMP with Ca, and CK every am until discharge**  
**T.O Student Nurse/ Kay Wortel NP**

**SIGNATURE/TITLE** **Kay Wortel NP**

**Orders transcribed by:**  
**Title:**  
**Date:**  
**Time:**

**Verified by:**  
**Title:**  
**Date:**  
**Time:**
Medication Administration Record (MAR)

Name: Dorothy Dix
MRN: 77889978
Date of Birth: 8/12
Allergies: Iodine, PCN
Admit height: 5'6" Admit weight: 66.2 Kg

### Scheduled Medications

<table>
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<th>Maintenance IV fluid D5 ½ NS at 75ml/hr</th>
<th>Continuous</th>
<th>Yesterday 0700-0659</th>
<th>Today 0700-0659</th>
<th>Tomorrow 0700-0659</th>
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<tbody>
<tr>
<td>Synthroid 125 mcg oral/GT once daily</td>
<td>0800</td>
<td>0800 KC</td>
<td>0800 KC</td>
<td>0800 KC</td>
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<tr>
<td>Ceftriaxone 2 g IVPB in 50 mL every 24 hours</td>
<td>2000</td>
<td>2000 JC</td>
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<tr>
<td>Azithromycin 500mg IVPB in 250 mL every 24 hours</td>
<td>2200</td>
<td>2200 JC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lipitor 10 mg orally/GT once at night</td>
<td>2200</td>
<td>2200 JC</td>
<td></td>
<td></td>
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<tr>
<td>Nexium 40 mg IVP every night</td>
<td>2000</td>
<td>2000 JC</td>
<td></td>
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<tr>
<td>Pneumococcal (Pneumovax-23) vaccine 25 mcg/0.5 mL IM once</td>
<td>Before discharge</td>
<td>Manufacture:</td>
<td>Initials:</td>
<td>VIS Pub date</td>
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<tr>
<td>Give Influenza (Fluzone) 2012 vaccination 0.5mL IM once</td>
<td>Before discharge</td>
<td>Manufacture:</td>
<td>Initials:</td>
<td>VIS Pub date</td>
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<tbody>
<tr>
<td>Jasmine Copper RN</td>
<td>JC</td>
<td>Kelli Craddock RN</td>
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NURS 3132: Integration II Experience 2 CEC/Sim Workbook

9
**Medication Administration Record (MAR)**

**Date:** Today

**Name:** Dorothy Dix  
**MRN:** 77889978  
**Date of Birth:** 8/12  
**Allergies:** Iodine, PCN  
**Admit height:** 5’6”  
**Admit weight:** 66.2 Kg

<table>
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<tr>
<th>PRN Medications</th>
<th>Time</th>
<th>Yesterday</th>
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<tr>
<td></td>
<td>0700-0659</td>
<td>0700-0659</td>
<td>0700-0659</td>
<td>0700-0659</td>
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<tr>
<td>Albuterol 5mg Nebulized Treatment every 2 hours as needed</td>
<td>2330 JC</td>
<td>0800 KO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR Albuterol MDI Inhaler with spacer 2 puffs every 2 hours as needed</td>
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</tr>
<tr>
<td>Tylenol 500 mg orally every 4 hours as needed for mild pain (1-3), HA or temp greater than 38.5 C</td>
<td>0800 KO</td>
<td>2200 JC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zofran 4 mg IV push every 6 hours as needed for nausea</td>
<td></td>
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<td></td>
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<tr>
<td>Restoril 15mg orally/GT once as needed at night for sleep</td>
<td>2200 JC</td>
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</tbody>
</table>

**Signature**  
**Initial**  
**Signature**  
**Initial**

_Jasmine Copper RN_  
_JC_

_Kelli Craddock RN_
# TUBE FEEDING RECORD

**Date:** Today

**Name:** Dorothy Dix  
**MRN:** 77889978  
**Date of Birth:** 8/12  
**Allergies:** Iodine, PCN  
**Admit height:** 5'6"  
**Admit weight:** 66.2 Kg

<table>
<thead>
<tr>
<th>TUBE FEEDING RECORD</th>
<th>Time</th>
<th>Yesterday 0700-0659</th>
<th>Today 0700-0659</th>
<th>Tomorrow 0700-0659</th>
</tr>
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<tbody>
<tr>
<td>Jevity 1.5</td>
<td></td>
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<tr>
<td>Enteral tube feeding per GT</td>
<td>Start 2200</td>
<td>Started @ 2200 SS</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Stopped @ 0600 JC</td>
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<tr>
<td>Cyclic nocturnal feeding</td>
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<td></td>
<td></td>
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<tr>
<td>Tube feeding water bolus</td>
<td>0600</td>
<td>1200 KC</td>
<td>1200 KC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1200</td>
<td>1800 KC</td>
<td>1800 KC</td>
<td></td>
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<tr>
<td></td>
<td>1800</td>
<td>2400 JC</td>
<td>2400 JC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2400</td>
<td>0600 JC</td>
<td>0600 JC</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0600</td>
<td>1200 KC</td>
<td>1200 KC</td>
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<tr>
<td></td>
<td>1200</td>
<td>1800 KC</td>
<td>1800 KC</td>
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<tr>
<td></td>
<td>1800</td>
<td>2400 JC</td>
<td>2400 JC</td>
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<tr>
<td></td>
<td>2400</td>
<td>0600 JC</td>
<td>0600 JC</td>
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<th>Signature</th>
<th>Initial</th>
<th>Signature</th>
<th>Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jasmine Copper RN</td>
<td>JC</td>
<td>Kelli Craddock RN</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**NURS 3132: Integration II** Experience 2 CEC/Sim Workbook
Simulation Scenarios

Your role as a student nurse:
- Be familiar with the patient’s medical orders, MAR, and SBAR pulmonary report
- The instructor will give you a minute to pre-brief and review the scenario’s objectives
- Be prepared to work for 15 minutes in groups of 3 to complete objectives for each scenario
- Three students will actively participate in simulation and 3 students will actively observe
- All 6 students will actively participate for 15 minutes with an instructor guided debrief

Critical Thinking Exercise:
- 3 active simulation participants should divide into nursing roles to meet the patient’s needs and scenario objectives
- You are working with an interdisciplinary team and may consult by phone a Physician, Provider, Charge Nurse, CNA, Pharmacist, Case Manager, Respiratory Therapist, Social Worker, Chaplin, Physical Therapist and others as available
- Role recommendations: 1 assessment/VS nurse, 1 intervention/medication nurse, 1 leader/primary nurse
- The team will be randomly assigned to roles.
  o Student 1: Assessment/VS nurse
    Role to complete basic assessment, vital signs and communicate findings with team members
  o Student 2: Interventions/Medication administration nurse
    Role to implement nursing interventions to include medication administration
  o Student 3: Intervention/Primary nurse
    Role as leader, situational awareness, communication with provider and to implement nursing interventions
- 3 active observers should focus on observing simulation and be able to highlight successes and deficits in patient assessment, nursing interventions, and safety

ADDITIONAL NOTES
**Scenario #5-Night 2-Pulmonary Unit Today @ 2000**  
*Sim room 2*

<table>
<thead>
<tr>
<th>DATE:</th>
<th>TIME: 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATTENDING PHYSICIAN:</td>
<td>Dr. Mann</td>
</tr>
<tr>
<td>UPI ID #:</td>
<td>1123</td>
</tr>
<tr>
<td>ORDERING HEALTHCARE PROVIDER:</td>
<td>Kay Wortel NP</td>
</tr>
<tr>
<td>GME/UPI:</td>
<td>2223</td>
</tr>
<tr>
<td>SERVICE:</td>
<td>Pulmonary</td>
</tr>
<tr>
<td>CODE STATUS:</td>
<td>Full</td>
</tr>
<tr>
<td>PAGER:</td>
<td>0812</td>
</tr>
<tr>
<td>ALLERGIES:</td>
<td>Iodine, PCN</td>
</tr>
</tbody>
</table>

1. **Recommendations:** It is the 2nd night in Dorothy Dix's hospital stay. Please initiate the above order, administer the 2000 medication, and complete a basic assessment. As a team please provide her any nursing care she may need.  
   At minimum please complete:  
   - A basic assessment including any needed focused assessments. Please include a set of vital signs.  
   - Administer 2000 medications  
   - Change IVF to prescribed rate  
   - Assess and verify the wound vac and the dressing  
   - Also provide any nursing care for patient and communication to provider as needed

**Scenario #6-Night 2 Pulmonary Unit Today @ 2200**  
*Sim room 2*

**Recommendations:** It is 2200 and Dorothy Dix requires her tube feeding to be started, administration of 2200 medications, and as a team provide her with any nursing care she may need.  
At minimum please complete:  
- Any needed focused assessments or vital signs  
- Start the tube feeding and assess for residual  
- Administer 2200 medications  
- Assess and verify the wound vac and the dressing  
- Also provide any nursing care for patient and communication to provider as needed
**Scenario #7-Day of Discharge Tomorrow @ 0800**

**Sim room 3**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>Tomorrow</th>
<th>TIME:</th>
<th>0800</th>
</tr>
</thead>
</table>

**ATTENDING PHYSICIAN:** Dr. Mann  
**UPI ID #** 1123

**ORDERING HEALTHCARE PROVIDER:** GME/UPi  
Kay Wortel NP 1223

**SERVICE:** Pulmonary  
**CODE STATUS:** Full

**PAGER:** 0812

**ALLERGIES:** Iodine, PCN

1. **Obtain a RA SpO2. Call RT to set-up Home O2. Patient on 40% O2 per TC @ 10 L**
2. **D/c hospital Wound Vac. Place absorbent gauze dressing. Arrange for home wound vac**

**SIGNATURE/TITLE** Kay Wortel NP

**Orders transcribed by:**  
**Title:**  
**Date:**  
**Time:**

**Verified by:**  
**Title:**  
**Date:**  
**Time:**

**Recommendations:** The hospital wound vac has been D/C’d by the case manager and she has made arrangements for a home wound vac to be delivered. Dorothy Dix. Please initiate the rest of the above order and administer the 0800 medication. As a team provide her with any nursing care she may need.

At minimum please complete:
- A basic assessment including any needed focused assessments. Please include a set of vital signs.
- Obtain a RA SpO2. Call RT to set-up Home O2
- Administer 0800 medication
- Also provide any nursing care for patient and communication to provider as needed

---

**Scenario #8-Discharge Patient to Home Tomorrow @ 0900**

**Sim room 3**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>Tomorrow</th>
<th>TIME:</th>
<th>0900</th>
</tr>
</thead>
</table>

**ATTENDING PHYSICIAN:** Dr. Mann  
**UPI ID #** 1123

**ORDERING HEALTHCARE PROVIDER:** GME/UPi  
Kay Wortel NP 1223

**SERVICE:** Pulmonary  
**CODE STATUS:** Full

**PAGER:** 0812

**ALLERGIES:** Iodine, PCN

1. **Give Pneumococcal (pneumovax-23) vaccination 25 mcg/0.5 mL IM once before discharge**
2. **Give Influenza (Fluzone) 2012 vaccination 0.5mL, IM once before discharge**
3. **D/C patient to home when O2 arrives**

**SIGNATURE/TITLE** Kay Wortel NP

**Orders transcribed by:**  
**Title:**  
**Date:**  
**Time:**

**Verified by:**  
**Title:**  
**Date:**  
**Time:**

**Recommendations:** Dorothy Dix is ready for discharge. Initiate the above orders. Please review discharge orders and discharge patient to home. As a team provide him with any nursing care he may need.

At minimum please complete:
- A focused assessment and vital signs as needed.
- Prepare the patient for discharge home
- Administer to the patient the 2 vaccinations prescribed above
- Also provide any nursing care for patient and communication to provider as needed
Patient Discharge Orders

Discharge Medications & Reconciliation Orders

**PATIENT NOTE:** Please bring your copy of this form to ALL follow-up appointments.
Update if your medications change.

Admit Date: _____48 hours ago_____ Discharge Date: _____Tomorrow in am_____ Unit: _____Pulmonary Unit________

Service: _____Pulmonary_______ Phone number to call with Questions: _____303.101.1000_____

Attending, Residents, and Providers: _____Kay Wortel NP # 0812/Dr. Mann Attending________________________

Diagnosis: _____Pneumonia________________________

Procedures: _____X-ray________________________

Reason for Discharge: _____shortness of Breath resolved, Continue Antibiotic. @ home____ Allergies: _____Iodine, PCN________

Seek Medical Attention for: _____fever, chills, shortness of breath, rapid or painful breathing, worsening respiratory symptoms, bloody/rusty sputum, chest pain that worsens when coughing or inhaling, medication intolerance. Questions or Concerns____

Diet: _____Regular as tolerated, Cyclic tube feedings Levity 1.5 @ 80mL/ hr for 7 hrs @ night____ Activity: _____up ad lib_____ 

Additional Instructions): _____drink plenty of fluids to help loosen secretions and bring up phlem. Get lots of rest. Yet make sure you walk at least 3 times a day and sit in a chair at least 3 times a day especially for meals.____

Outpatient Follow-Up

PCP: __________________________________ Date: _____Make an appointment as needed_____ Phone #: __________________________

Other Clinic: _____Wound Clinic_______ Date: _____2 x a month as previously scheduled____ Phone #: __________________________

Other Clinic: _____Dr. Mann___________ Date: _____Make an appointment in 1 week____ Phone #: _____303.101.1000_____

Home Health Agency: _____Continue w/ previous HHA once a week____ Phone #: __________________________

Medical Equipment: _____Wound Vac, Home O2________ Phone #: __________________________

Consults: __________________________________ Phone #: __________________________

Additional Instructions (oxygen, wound care, drain/tube care): _____Wound vac at home continuous @ 125 mm Hg with follow-up by HHA & wound clinic as previously prescribed by PCP. Home oxygen to maintain SPO2 above 92%. Reevaluate by HHA with each visit and in 1 week during Pulmonary Clinic follow-up evaluation.________________________

________________________
Providers Signature:
Kay Wortel NP

________________________
Provider’s Signature:
UPI/GME#:
1223

________________________
Nurse’s Signature:

________________________
Patient’s/Significant Other Signature:

________________________
Patient Phone #:
## Patient Discharge Orders

**Discharge Medications & Reconciliation Orders**

**PATIENT NOTE:** Please bring your copy of this form to ALL follow-up appointments. Update if your medications change.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>How to Take</th>
<th>Times Every Day</th>
<th>What it does</th>
<th>New</th>
<th>Change</th>
<th>Continue from home</th>
<th>RN Instructions:</th>
<th>Patient Ed Material given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synthroid</td>
<td>125 mcg orally/ GT</td>
<td>once daily</td>
<td></td>
<td>For thyroid</td>
<td></td>
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<tr>
<td>Azithromycin</td>
<td>500 mg orally/ GT</td>
<td>once daily</td>
<td></td>
<td>Antibiotic for pneumonia-Take until prescription is empty-7 days starting today</td>
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</tr>
<tr>
<td>Famotidine</td>
<td>20 mg orally/ GT</td>
<td>once daily</td>
<td></td>
<td>For GERD</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lipitor</td>
<td>10 mg orally/ GT</td>
<td>once at night</td>
<td></td>
<td>Cholesterol</td>
<td></td>
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</table>

***Stop Taking the Following Medications***

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>How to Take</th>
<th>Times Every Day</th>
<th>What it does</th>
<th>New</th>
<th>Change</th>
<th>Continue from home</th>
<th>RN Instructions:</th>
<th>Patient Ed Material given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nexium</td>
<td>40 mg GT</td>
<td>once daily</td>
<td></td>
<td>For GERD</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Providers Signature:**

**Kay Wortel NP**

**UPI/GME#:**

**1223**

**Patient’s/Significant Other Signature:**

**Patient Phone #:**

**Nurse’s Signature:**

**Date/Time:**