

Montgomery College Nursing Simulation Scenario Library

Scenario File: End of Life

Discipline: Nursing

Student Level: Intermediate-Advanced

Expected Simulation Run Time: 15-20 minutes Guided Reflection Time: 40 min

<p>Admission Date: 11/26/20XX Today's Date:</p> <p>Brief Description: Name: Sarah Marshall Gender: F Age: 75 Race: Caucasian</p> <p>Weight: 61 kg Height: 63 cm</p> <p>Religion: Major Support: Phone: Allergies: NKDA Immunizations</p> <p>Attending Physician/Team: ER Doctor Pastoral services Charge RN Primary RN RN from Unit patient will be transferred to Report RN</p> <p>Past Medical History: Anemia Lung Cancer Hypothyroidism</p> <p>History of Present illness: Metastatic Lung Cancer Increasing Shortness of Breath Change in Mental Status</p> <p>Social History: Former Smoker</p>	<p>Psychomotor Skills Required Prior to Simulation Performing a physical assessment Administering Morphine IV push Administering oxygen via non-rebreather Oral Suctioning/ using Yanker for mouth care</p> <p>Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>Read one of the articles on End of Life :</p> <p>See references</p> <p>Nursing Diagnosis: Impaired gas exchange Ineffective airway clearance Chronic Pain Impaired verbal communication</p> <p>Collaborative Problems:</p> <p>Family coping and understanding about the dying process</p> <p>Ethical concerns for the administration of Morphine and of transferring a dying patient to another unit</p>
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<p>Primary Medical Diagnosis: Shortness of Breath</p> <p>Surgeries/Procedures & Dates:</p>	
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Simulation Learning Objectives

1. Apply the nursing process to provide care to a dying patient.
2. Assess the dying patient, including information obtained through verbal and non-verbal communication with the patient and family
3. Determine (plan) the nursing care for the patient based on assessment findings.
4. Implement the appropriate care in a safe manner.
5. Evaluate the care provided.
6. Identify the primary nursing diagnosis and/or collaborative problems.
7. Document the assessments, patient changes, and interventions completed.
8. Demonstrate therapeutic communications in care of the patient and family.

Scenario Specific Objectives

1. Recalls the phases of death and dying.
2. Implements proper therapeutic communication and support for the patient and family and provide support during the final phase of death.
3. Demonstrates patient advocacy.
4. Identifies the final phase of dying process and intervenes appropriately.

Fidelity (choose all that apply to this simulation)

Setting/Environment

- ER
- Med Surg
- Peds
- ICU
- OR / PACU
- Women's Center
- Behavioral Health
- Home Health
- Pre-Hospital
- Other _____

Simulator/Manikin/s Needed:

Sim Essential (high fidelity)

Props:

Grey curly wig
Moultage to make patient appear very pale with bluish/dusky colored lips and extremities
Yanker suctioning and non-rebreather mask at the bedside
Monitor showing vital signs
Advanced Directives Document

Equipment Attached to Manikin:

- IV tubing with primary line ____ fluids running at ____ cc/hr
- Secondary IV line __ running at __ cc/hr
- IV pump
- Foley catheter _____ cc output
- PCA pump running
- IVPB with ____ running at ____ cc/hr
- O2 _____
- Monitor attached
- ID band, DNR band
- Other(saline lock attached)

Equipment Available in Room

- Bedpan/Urinal
- Foley kit
- Straight Cath Kit
- Incentive Spirometry
- Fluids
- IV start kit
- IV tubing
- IVPB Tubing
- IV Pump
- Feeding Pump
- Pressure Bag
- O2 delivery device ____ (non-rebreather mask _____)
- Crash cart with airway devices and emergency medications
- Defibrillator/Pacer

Medications and Fluids

- Oral Meds
- IV Fluids (1000 ml Normal Saline)
- IVPB
- IV Push (morphine 2 Mg IVP)
- IM / Subcut / Intradermal
- Other

Diagnostics Available

- X-rays (Images)
- Labs
- 12-Lead EKG
- Other _____

Documentation Forms

- Admit Orders
- Physician Orders
- Flow sheet
- Medication Administration Record
- Kardex
- Graphic Record
- Shift Assessment
- Triage Forms
- Code Record
- Anesthesia / PACU Record
- Standing (Protocol) Orders
- Transfer Orders
- Other

Recommended Mode for Simulation (i.e. manual, programmed, etc.)

Manual programmed mode (facilitator will make changes manually as scenario

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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used For This Scenario: (site source, author, year, and page)

Ellershaw, J., & Ward, C. (2003). Care of the dying patient: the last hours or days of life. *British Medical Journal*, 326, 30-34. Retrieved from <http://www.bmj.com>

National Cancer Institute. (2012, May 10). End of life for people who have cancer. Retrieved from <http://www.cancer.gov/cancertopics/factsheet/Support/end-of-life-care>

Signs and symptoms of approaching death (2012). *Vaisnavas C.A.R.E. Inc.* Retrieved from <http://www.vaisnavascare.org/signssymptoms.html>

2007 NCLEX-RN® Test Plan Categories and Subcategories

Choose all areas included in the simulation

Safe and Effective Care Environment

Management of Care

- Advance Directives
- Advocacy
- Case Management
- Client Rights
- Collaboration with Interdisciplinary Team
- Concepts of Management
- Confidentiality / Information Security
- Consultation
- Continuity of Care
- Delegation
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and Responsibilities
- Performance Improvement (QI)
- Referrals
- Resource Management
- Staff Education
- Supervision

Safety and Infection Control

- Accident Prevention
- Disaster Planning
- Emergency Response Plan
- Ergonomic Response Plan
- Error Prevention
- Handling Hazardous and Infectious Materials
- Home Safety
- Injury Prevention
- Medical and Surgical Asepsis
- Reporting of Incident/Event/
Irregular Occurrence/Variance
- Security Plan
- Standard /Transmission-Based /
Other Precautions
- Use of Restraints/Safety Devices
- Safe Use of Equipment

Health Promotion and Maintenance

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Disease Prevention
- Expected Body Image Changes
- Family Planning
- Family Systems
- Growth and Development
- Health and Wellness
- Health Promotion Programs
- Health Screening
- High Risk Behaviors
- Human Sexuality
- Immunizations
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- Techniques of Physical Assessment

Psychosocial Integrity

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Psychopathology
- Religious and Spiritual Influences
on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Communications
- Therapeutic Environment
- Unexpected Body Image Changes

Physiologic Integrity

Basic Care and Comfort

- Assistive Devices
- Complementary and Alternative Therapies
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- Personal Hygiene
- Rest and Sleep

Pharmacological and Parenteral Therapies

- Adverse Effects/Contraindications
- Blood and Blood Products
- Central Venous Access Devices
- Dosage Calculation
- Expected Effects/Outcomes
- Medication Administration
- Parenteral/Intravenous Therapies
- Pharmacological Agents/Actions
- Pharmacological Interactions
- Pharmacological Pain Management
- Total Parenteral Nutrition

Reduction of Risk Potential

- Diagnostic Tests
- Lab Values
- Monitoring Conscious Sedation
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- System Specific Assessments
- Therapeutic Procedures
- Vital Signs

Physiologic Adaptation

- Alterations in Body Systems
- Fluid and Electrolyte Imbalances
- Hemodynamics
- Illness Management
- Infectious Diseases
- Medical Emergencies
- Pathophysiology
- Radiation Therapy
- Unexpected Response to Therapies

Scenario Progression Outline

Timing (approximate)	Manikin Actions	Expected Student Actions	May Use the Following Cues
<p>First 5 minutes</p>	<p>Vital signs: displayed on screen</p> <p>BP-70/40 HR- 42 Resp- 30 (shallow with periods of apnea) and gurgling rhonchi</p> <p>If sim essential or 3G-eyes slightly opened with blink reflex still intact, non-verbal; daughter is sitting at bedside holding her hand</p> <p>The monitor is continuously beeping</p>	<p>introduces self performs hand hygiene</p> <p>performs oral suction/mouth care</p> <p>Primary nurse turns off monitor</p>	<p>Role member providing Patient's daughter: looks concerned when primary nurse begins to raise the head of the bed and stops nurse</p> <p>Daughter states that her mother is in pain when head of bed is raised.</p> <p>If nurse does not turn off monitor, daughter will state that her mother has been unable to rest and that the hospital is noisy. Asks to speak to pastor. Daughter states, "I don't think that my mother can take much more" and hands advance directives to nurse</p>
<p>Next 5-10 minutes</p>	<p>BP 70/30 Increased rhonchi volume, longer periods of apnea</p>	<p>Pastoral services enter room and provide comforting words for patient and daughter.</p> <p>Nurse begins to prep morphine, and has a discussion with charge nurse regarding morphine order</p>	<p>Role member providing cue: family member- "Is there anything you can give her? She seems so uncomfortable."</p> <p>Role member providing cue: charge nurse-"Are you OK giving her that morphine since her pressure is so low?"</p>

<p>Final 15-20 minutes</p>	<p>BP 68/38 RR 26 HR38 Loud gurgling rhonchi, periods of apnea</p> <p>Asystole alarm at nurses station</p>	<p>Administers morphine, receives message via intercom or vocera that the unit that patient is transferring to be calling for report. leaves patient room</p> <p>Advocates for patient and family to remain in the ED, not to transfer.</p> <p>comforts family member</p>	<p>Role member providing cue: Daughter- “she looks more comfortable, but I’m not sure how much longer she’s going to last.”</p> <p>Cue: primary nurse is paged to the nurses’s station</p> <p>Cue: Charge nurse- “Your patient looks very unstable. What can I do to help?”</p> <p>Cue: HCP- auscultates lungs, pronounces death Cue: Pastoral care- enters room and opens prayer book. Cue: family member- begins to sob</p>
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Debriefing / Guided Reflection Questions for this Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?

7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis and/or collaborative problems?
10. What were the key assessments and interventions?
11. Is there anything else you would like to discuss? Ethical concerns?

Scenario Specific Questions:

Program/Curricular Specific Questions:

Complexity – Simple to Complex

Suggestions for changing the complexity of this scenario to adapt to different levels of learners: