

Scenario File: Medical Error

Discipline: Nursing

Expected Simulation Run Time: 20 min

Student Level: advanced

Guided Reflection Time: 40 min

<p>Admission Date: today Time: 2215</p> <p>Brief Description of Client: Name: Roger Waters Gender: M Age: 65 Race: caucasian</p> <p>Weight: <u>85</u>kg Height: <u>177</u>cm</p> <p>Religion: n/a Major Support: son, lives 200 miles away Allergies: fluoroquinolones Immunizations: up to date</p> <p>Attending Physician/Team: Youngblood</p> <p>Past Medical History: HTN, CAD, Atrial fibrillation, high cholesterol</p> <p>History of Present illness: Admitted after he became dizzy at home and fell. He has a laceration on the left arm wrapped in a kerlix dressing with no apparent bleeding. Vital signs in the ED two hours ago were BP-136/84, HR 92, R 20, T 98</p>	<p>Psychomotor Skills Required Prior to Simulation</p> <p>patient assessment SBAR/handoff Oral medication administration Application of rapid response/first aid guidelines Patient safety and communication skills</p> <p>Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>Review actions, side effects, correct dosage, nursing considerations for norvasc, Lipitor and warfarin. (R) Review focussed assessment guidelines. (R) View “Preventing Medication Errors” dvd prior to simulation. (optional)(V)</p>
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<p>Props:</p> <p>Equipment Attached to Manikin:</p> <ul style="list-style-type: none"> °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 X ID band X Other- saline lock attached to R arm and kerlix dressing on L arm, blood moulage if RN gives warfarin before drawing labs <p>Equipment Available in Room</p> <ul style="list-style-type: none"> ○ 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_____ ○ Crash cart with airway devices and emergency medications ○ Defibrillator/Pacer ○ Suction X Other – dynamap, extra towels, exam gloves, cup, straw, water pitcher, computer for documentation 	<p>Diagnostics Available</p> <ul style="list-style-type: none"> ○ X-rays (Images) ○ Labs ○ 12-Lead EKG ○ Other_____ <p>Documentation Forms</p> <ul style="list-style-type: none"> X Admit Orders ○ Physician Orders ○ Flow sheet X Medication Administration Record ○ Kardex ○ Graphic Record ○ Shift Assessment ○ Triage Forms ○ Code Record ○ Anesthesia / PACU Record ○ Standing (Protocol) Orders ○ Transfer Orders ○ Other <p>Recommended Mode for Simulation (i.e. manual, programmed, etc.) High fidelity or with standardized patient</p>
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Roles/Guidelines for Roles

- X Primary Nurse
- X Secondary Nurse
- X Transferring Nurse
- o Family Member #1
- o Family Member #2
- X Observers
- X Physician / Advanced Practice Nurse
- o Respiratory Therapy
- o Anesthesia
- o Pharmacy
- o Lab
- o Imaging
- o Social Services
- o Clergy
- o Unlicensed Assistive Personnel
- o Code Team
- X Other- MD and unit secretary can be “voice only” roles

Important Information Related to Roles:

Patient can be a standardized patient or high fidelity simulator. Person running the simulation can also be the voice of the MD and unit secretary, or those roles can be given to observers.

Significant Lab Values- labs have not yet been drawn

Physician Orders – see separate attachment

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

Lewis, S.L., Heitkemper, M.M., Dirksen, S.R., O'Brien, P.G. & Bucher, L. (2007). *Medical surgical nursing* (7th ed.). St. Louis, Mosby Elsevier.

Turkoski, B.B., Lance, B.R. & Bonfiglio, M.F. (2007). *Drug information handbook for advanced practice nursing* (8th ed.). Hudson, Lexi-Comp.

Montgomery College Nursing Simulation Scenario Library

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
- Psychopathology
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems

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- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- 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 Interventions	May Use the Following Cues
<p>First 5 minutes</p>	<p>Patient is tired, irritable, just wants to sleep. BP is 160/90, HR 96, RR 18 and temp 98, pulse ox is 97% and pain level is 0. L arm dressing is without drainage, intact. Saline lock in R arm is WNL.</p>	<p>Primary RN takes report and begins assessment.</p>	<p>Role members providing cue: Transferring RN, patient</p> <p>Cues: report to primary RN, Patient wants RN to finish quickly, wants to take his meds so he can sleep. He is concerned about his blood pressure, and taking meds at the same time every day.</p>
<p>Next 5-10 minutes</p>	<p>Pt continues to ask for meds, milk, crackers</p>	<p>RN finishes assessment, checks orders, administers appropriate medications</p> <p>Scenario ends if RN holds warfarin until after lab results are available. If all three meds are given, she is called out of the room to help settle another admission while patient is moulaged.</p>	<p>Role member providing cue: patient, unit secretary</p> <p>Cue: “I need those medications now!” (pt) “lab labels are up for Mr. Waters” and “your new admission is here in 345”</p>

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Final 15-20 minutes	Pt upset by sight of his own blood. BP is 118/76, T 98, HR 118, R 20, pulse ox 93%, too upset to rate pain, if asked	RN returns to room to draw labs, calls for help, cares for pt, provides SBAR to MD	Role member providing cue: patient Cue: “Do something! Get some help!”
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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?

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:

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