



**National League
for Nursing**

Simulation Design Template

Date:	File Name:
Discipline:	Student Level:
Expected Simulation Run Time:	Guided Reflection Time:
Location:	Location for Reflection:

Admission Date: | **Today's Date:**

Brief Description of Client

Name: Peter Daniels

Gender: M **Age:** 40 **Race:** C **Weight:** 91kg **Height:** 72 inches

Religion: Catholic

Major Support: family member

Support Phone: 619-532-8742

Allergies: NKDA

Immunizations: Flu shot 3 months ago

Primary Care Provider/Team: Dr. McKay

Past Medical History: Pt states he is currently “being worked up” for hypertension.

History of Present Illness: Pt arrives in ED after three weeks of “viral type” illness. Reports fatigue and malaise x3 weeks. Reports fevers 101-104 degrees F x 1 week. Pt has been rotating ibuprophen and Tylenol q4-6 hours to control fever and muscle aches.

Social History: 2 drinks per week

Primary Medical Diagnosis: rule out viral infection

Surgeries/Procedures & Dates: none

Nursing Diagnoses:



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Psychomotor Skills Required Prior to Simulation:

Cognitive Activities Required Prior to Simulation:

[i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]

Simulation Learning Objectives

General Objectives:

By the end of this simulation, the student will:

1. Demonstrate the ability to prioritize nursing assessments.
2. Implement nursing interventions based upon assessment findings.
3. Demonstrate ongoing evaluation of interventions and outcomes of care.
4. Implement therapeutic communication with patient/family and health care team.
5. Demonstrate inter-professional collaboration.
6. Delegate nursing tasks to appropriate health care personnel.
7. Teach patient reasons for nursing interventions.



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Simulation Scenario Objectives:

By the end of this simulation, the student will:

1. Advocate for patient safety using the CUS tool.
2. Evaluate patient condition using the “Evaluation for Severe Sepsis Screening Tool.”

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

Surviving Sepsis Campaign: International Guidelines for management of sepsis and septic shock: 2016
Surviving Sepsis Campaign: Updated bundles in response to new evidence
CUS tool-Improving communication and teamwork in the surgical environment (AHRQ)



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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:

Standardized patient

Props:

Equipment Attached to Manikin:

- IV tubing with primary line fluids running at mL/hr
- Secondary IV line running at mL/hr
- IV pump
- Foley catheter mL output
- PCA pump running
- IVPB with running at mL/hr
- O2
- Tele Monitor attached available
- ID band
- Other:

Equipment Available in Room:

- Bedpan/Urinal
- Foley kit
- Straight Catheter Kit
- Incentive Spirometer
- Fluids
- IV start kit
- IV tubing
- IVPB Tubing

Medications and Fluids: (see chart)

- IV Fluids
- Oral Meds
- IVPB
- IV Push
- IM or SC

Diagnostics Available: (see chart)

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

Documentation Forms:

- Provider Orders
- Admit Orders
- Flow sheet
- Medication Administration Record
- Graphic Record
- Shift Assessment
- Triage Forms
- Code Record
- Anesthesia / PACU Record
- Standing (Protocol) Orders
- Transfer Orders
- Other: discharge orders

Recommended Mode for Simulation:

(i.e. manual, programmed, etc.)

Student Information Needed Prior to Scenario:

- Has been oriented to simulator
- Understands guidelines /expectations for scenario
- Has accomplished all pre-simulation requirements
- All participants understand their assigned roles



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<input checked="" type="checkbox"/> IV Pump	<input checked="" type="checkbox"/> Has been given time frame expectations
<input type="checkbox"/> Feeding Pump	<input type="checkbox"/> Other:
<input type="checkbox"/> Pressure Bag	
<input type="checkbox"/> O2 delivery device (type)	
<input type="checkbox"/> Crash cart with airway devices and emergency medications	
<input type="checkbox"/> Defibrillator/Pacer	
<input type="checkbox"/> Suction	
<input type="checkbox"/> Other: iStat for electrolytes, lactate, ABG	
Roles/Guidelines for Roles:	Important Information Related to Roles:
<input type="checkbox"/> Primary Nurse	
<input checked="" type="checkbox"/> Secondary Nurse	
<input type="checkbox"/> Clinical Instructor	
<input type="checkbox"/> Family Member #1	
<input type="checkbox"/> Family Member #2	
<input type="checkbox"/> Observer/s	
<input type="checkbox"/> Recorder	
<input checked="" type="checkbox"/> Physician/Advanced Practice Nurse	
<input type="checkbox"/> Respiratory Therapy	
<input type="checkbox"/> Anesthesia	
<input type="checkbox"/> Pharmacy	
<input type="checkbox"/> Lab	
<input type="checkbox"/> Imaging	
<input type="checkbox"/> Social Services	
<input type="checkbox"/> Clergy	
<input type="checkbox"/> Unlicensed Assistive Personnel	
<input type="checkbox"/> Code Team	
<input type="checkbox"/> Other: Off-going shift nurse	
	Off going shift gives report to primary nurse. Secondary nurse notes urine color. Recorder documents interventions during crisis. Primary nurse uses CUS tool to communicate with NP.



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Report Students Will Receive Before Simulation

Time:



Significant Lab Values: refer to chart

Provider Orders: refer to chart

Home Medications: refer to chart



Scenario Progression Outline

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	Laying in bed—fetal position. Appears diaphoretic and pale.	Beside report from off going shift to primary nurse. Primary Nurse washes hands, identifies self and patient, provides privacy.	Role member providing cue: Cue: patient “I’m feeling terrible and my last dose of ibuprophen was about four hours ago.”
5-10 min	HR 110 sinus tachycardia Temp 101 degrees F BP 113/80 mmHg RR 18 SpO2 95%	Primary nurse assesses patient, recognizes possible signs of sepsis.	Role member providing cue: Cue: Patient “I have been here for four hours and not getting any help. I guess I want to go home.” “I do not feel better but I would rather sleep in my own bed.”
10-15 min		Primary nurse approaches NP at nursing station in ED who appears busy, filling out paperwork. Primary nurse addresses NP using CUS tool. “I noticed that you wrote discharge instructions for Mr. Daniels. I am concerned because he has a temp of 101 and is tachycardic. I	Role member providing cue: Cue:

		<p>understand that his WBCs are within normal limits. I am concerned because these two factors make me concerned for sepsis. I do not feel that it is safe to send this patient home without ruling out systemic bacterial infection.”</p> <p>NP and RN go to patient’s bedside.</p>	
<p>15-20 min</p>	<p>Patient in bed. Urinal on bedside table with 150 mL dark urine. HR 130, BP 99/60, Temp 102.5</p>	<p>Requests orders for tele, labs, fluids</p> <p>Primary nurse asks for help and uses closed loop communication as orders are given and results are relayed. Requests order for transfer to ICU.</p>	<p>Role member providing cue:</p> <p>Cue: NP- can you get another set of vitals and lets get tele started. NP orders lactate, Blood cultures, CBC, Chem 7, ABG stat. 18g IV stat. Start NS 1 liter bolus now. Start 1 gram vancomycin after blood cultures drawn. NP draws ABG. All labs processed at bedside. Lactate=7; pH=7.2 NP orders admission to ICU.</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?
10. How were physical and mental health aspects interrelated in this case?
11. What were the key assessments and interventions?
12. Is there anything else you would like to discuss?

Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners



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Report:

This is Mr. Daniels. He is a 40 year old male with no known drug allergies who came to the ED 4 hours ago complaining of fatigue, fevers, and malaise for the past three weeks. For the past week, he states that his fevers have ranged between 101 and 104 degrees F. It was 100.2 degrees F on admission. He has been taking acetaminophen and ibuprophen every 4-6 hours at home, which he says “helps a little” . His vital signs have been ok otherwise. His past medical history is significant for pre-hypertension. He denies past surgical history and home medications. His WBCs are normal, so Nurse Practitioner X wrote discharge orders. We are waiting for his ride to arrive.