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MITTEN Saginaw Partnership
Aleda E. Lutz VAMC/Saginaw Valley State University

Scenario File: Veteran PTSD P1

Student Level: Practicum 1
Expected Simulation Run Time: 25 min
Location for Reflection: Debriefing Room
Guided Reflection Time: 20 min.

Admission: Acute Care Hospital Day 1

Brief Description of Client

Name: Jackie Brown

Gender: Female **Age:** 25

Race: Caucasian

Weight: 135 lbs **Height:** 5'5"

Religion: "Atheist"

Major Support: Boyfriend (Tony Martinez) & Mother (Sharon Brown)

Phone: 989-555-8675

Allergies: No Known Drug Allergies

Immunizations: Up to date

Attending Physician/Team: Dr. David Shultz

Past Medical History:

- Seasonal allergies

Surgeries/Procedures:

- Tonsillectomy (1994)
- Right BKA (4 months ago)

History of Present Illness: Jackie Brown is a 25 year old Operation Iraqi Freedom Veteran who is admitted with a pressure ulcer to her right residual limb due to an ill-fitting prosthesis.

Social History:

Jackie Brown returned home from being deployed to Iraq three months ago. J.B. enlisted in the Army because she wanted to go to college and could not afford it otherwise. She was recruited just out of high school. It seemed like a great opportunity, she would receive education, occupational training, health benefits and a large sign on bonus. J.B. had a desk job managing and maintaining property and supplies; she never thought she would be involved in a war! Even when she found out she would be deployed for 18 months, she never dreamed that she would be so close to gunfire and explosives. Her leg was severed by shrapnel when an improvised explosive device (IED) went off while she was delivering supplies. She received treatment at a military hospital overseas. She was also sexually assaulted by her commanding officer, which she has not mentioned to anyone out of

fear and embarrassment. He will deny that anything happened if asked. After being physically and emotionally wounded and making it through the tough times she experienced overseas, she is so happy and grateful to be home after being deployed. She is glad to be back home with her family and friends. She is also particularly glad that her boyfriend is also home. She is hoping to get the wound taken care of so she can start working again and return to a normal life.

J.B. is currently living with her mother. However, she is planning on moving in with her boyfriend shortly. She met her boyfriend (Tony Matinez) in the Army and they have been dating for the last six months.

Primary Medical Diagnosis: Pressure ulcer

Psychomotor Skills Required Prior to Simulation:

- Monitoring vital signs
- Physical assessment
- Psychosocial assessment
- Wound care including sterile dressing change

Cognitive Activities Required Prior to Simulation:

- Wound care & sterile procedure
- Vital sign parameters
- Therapeutic communication
- Awareness of the Veteran culture (Hobbs, 2008)

Nursing Diagnoses:

- Impaired skin integrity
- Acute pain
- Risk for infection
- Altered tissue perfusion
- Ineffective health maintenance
- Risk for fall
- Risk for post trauma syndrome

Scenario Objectives:

1. Introduce self and identify role
2. Practice infection control standards
3. Identify patient
4. Establish a therapeutic relationship with the patient
5. Conduct a safety assessment
6. Monitor vital signs
7. Perform a dressing change
8. Perform a thorough holistic assessment
9. Document findings
10. Create a priority nursing diagnosis
11. Gain understanding of the Veteran culture

<p>Fidelity Setting/Environment: Acute Care Hospital</p> <p>Simulator/Mannequin/s Needed: Standardized Patients (1) & Ventrillscope</p> <p>Props:</p> <ul style="list-style-type: none"> • ID band • Sphygmomanometer • Role cards for patient • Candy for medications • Dressing supplies for wet-to-dry dressing change. 	<p>Prescribed Medications:</p> <ul style="list-style-type: none"> • Vicodin 5/500 every 4-6 hour prn for pain <p>Documentation Forms:</p> <ul style="list-style-type: none"> • Admission order • Physician order • Flowsheets- vital signs, wound, physical assessment for student documentation <p>Roles/Guidelines for Roles:</p> <ul style="list-style-type: none"> • Nurses (4) • Patient (Jackie Brown) <p>Important Information Related to Roles: The patient role card will be distributed prior to the scenario. A standardized patient will be used in this role. (see role cards)</p>
<p>References used for Scenario:</p> <p>Ackley, B.J. & Ladwig, G.B. (2004). <i>Nursing Diagnosis Handbook: A Guide to Planning care</i> (6th Edition). St. Louis, MS: Mosby.</p> <p>Jefferies, P. (2007). <i>Simulation in Nursing Education: From Conceptualization to Evaluation</i>. New York, NY: National League for Nursing.</p> <p>Hobbs, K. (2008). Reflections on the culture of Veterans. <i>AAOHN Journal</i>, 56(8), 337-341.</p>	
<p>2007 NCLEX-RN Test Plan Categories and Subcategories Choose all areas included in the simulation</p> <p>Safe and Effective Care Environment</p> <p>Management of Care</p> <p><input type="checkbox"/> Advance Directives</p> <p><input checked="" type="checkbox"/> Advocacy</p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Client Rights</p> <p><input type="checkbox"/> Collaboration with Interdisciplinary team</p> <p><input type="checkbox"/> Concepts of Management</p> <p><input checked="" type="checkbox"/> Confidentiality/Information Security</p> <p><input type="checkbox"/> Consultation</p> <p><input type="checkbox"/> Continuity of Care</p> <p><input type="checkbox"/> Delegation</p> <p><input type="checkbox"/> Establishing Priorities</p> <p><input type="checkbox"/> Ethical Practice</p> <p><input type="checkbox"/> Informed Consent</p>	

- 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
- 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 Interventions
- ___ 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
- ___ Person Hygiene
- ___ Rest and Sleep

Pharmacological and Parenteral Therapies

- ___ Adverse Effects/Contraindications
- ___ Blood and Blood Products
- ___ Central Venous Access Devices
- ___ Dosage Calculations
- ___ 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 Alteration in Body Systems
- ___ Potential for Complication of Diagnostic Tests/Treatments/Procedures
- ___ Potential for Complications from
- ___ Surgical Procedures and Health
- ___ Alternations
- ___ System Specific Assessments
- ___ Therapeutic Procedures
- ___ Vital Signs

Physiologic Adaptation

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

Approximate Time	Patient Actions	Expected Interventions
First 5 minutes	Pt.: Not able to get comfortable due to pain in right lower extremity. Pain: 4/5 or 8/10 based on pain scale, “throbbing around my sore” BP: 154/68 due to pain P: 98 R: 20 T: 98.8 oral	<ol style="list-style-type: none"> 1. Identifies self and role 2. Performs hand hygiene 3. Identifies pt. by name verifies with arm band. 4. Monitors vital signs including pain
5-15 min.	“How often can I have the pain medication? Will I be going home on it?” “I would really like to get out of here as soon as possible, I really don’t like hospitals, it reminds me of when I had my injury and I don’t like to think about that.”	<ol style="list-style-type: none"> 1. Recognizes need for prn pain medication 1. Demonstrate the 5 rights of medication administration. 2. Educate pt. on medication and at least 3 side effects. 2. Administer medication and document appropriately on MAR.

<p>15-25 minutes</p>	<p>The patient will be very hesitant and jumpy during the assessment, She doesn't like being touched by strangers.</p> <p>If possible a loud unexpected noise such as a door slamming will cause the patient to jump and be frightened.</p> <p>“How long do you think it will take to heal? When can I wear my prosthesis again? I really don't like having to use the wheelchair.”</p>	<ol style="list-style-type: none"> 1. Performs thorough assessment 2. Perform dressing change after waiting for therapeutic effects of pain medication 3. Perform wound assessment 4. Formulate a priority nursing diagnosis.
<p>Debriefing/Guided Reflection Questions for this Simulation</p> <ul style="list-style-type: none"> • What do you think went well? • What would you do differently? • What did you learn about caring for the Veteran patient? Did you identify any unique healthcare needs? • What would you identify as the primary nursing diagnosis? 		

Patient Role Card

Patient Background:

Jackie Brown is a 25 year old Army Veteran of Operation Iraqi Freedom. She returned home from being deployed to Iraq three months ago. J.B. enlisted in the Army because she wanted to go to college and could not afford it otherwise. She was recruited just out of high school. It seemed like a great opportunity where she would receive education, occupational training, health benefits and a large sign on bonus. J.B. had a desk job managing and maintaining property and supplies; she never thought she would be involved in a war! Even when she found out she would be deployed for 18 months, she never dreamed that she would be so close to gunfire and explosives. Her leg was severed by shrapnel when an improvised explosive device (IED) went off while she was delivering supplies. She received treatment at a military hospital overseas. She was also sexually assaulted by her commanding officer, which she has not mentioned to anyone out of fear and embarrassment. He will deny that anything happened if asked. After being physically and emotionally wounded and making it through the tough times she experienced overseas, she is so happy and grateful to be home with her family and friends. She is also particularly glad that her boyfriend is also home. She is hoping to get the wound taken care of so she can start working again and return to a normal life.

J.B. is currently living with her mother. However, she is planning on moving in with her boyfriend shortly. She met her boyfriend (Tony Matinez) in the Army and they have been dating for the last six months.

Patient Actions:

As the student nurse enters the room the patient will not be able to get comfortable due to pain in right lower extremity.

Pain: 4/5 or 8/10 based on pain scale, “throbbing around my sore”

BP: 154/68 due to pain

P: 98

R: 20

T: 98.8 oral

“How often can I have the pain medication? Will I be going home on it?”

“I would really like to get out of here as soon as possible, I really don’t like hospitals, it reminds me of when I had my injury and I don’t like to think about that.”

The patient will be very hesitant and jumpy during the assessment. She doesn’t like being touched by strangers.

If possible a loud unexpected noise such as a door slamming will cause the patient to jump and be frightened.

As the student nurses changes the dressing, “How long do you think it will take to heal? When can I wear my prosthesis again? I really don’t like having to use the wheelchair.”

Jackie Brown
MR: 31-25-68
DOB: 10/31/1985

Admission Labs

Complete Blood Count (CBC) with differential			
Test Results	Result	Units	Reference Interval
White Blood Count	11,000H	$\times 10^3/\text{mm}^3$	5.0-10.0
Red Blood Count	5.1	$\times 10^6/\text{mm}^3$	4.1-5.3
Hemoglobin	11.0L	g/dL	12.0-18.0
Hematocrit	37.0	%	37.0-52.0
Platelets	200	$\times 10^3/\text{mm}^3$	150-400
Polys (neutrophils)	66	%	45-76
Lymphs	17	%	17-44
Monocytes	8	%	3-10
Eos	1	%	0-4
Basos	1	%	0-2

Jackie Brown
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Comprehensive Metabolic Panel		
Test	Results	Reference Interval
Blood Glucose	66	64-128 mg/dL
Albumin	4.0	3.9 to 5.0 g/dL
Total Protein	6.5	6.3 to 7.9 g/dL
Calcium	8.5	8.5-10.9 mg/dL
Sodium	138	136 to 144 mEq/L
Potassium	4.0	3.7 to 5.2 mEq/L
Carbon Dioxide	20	20 to 29 mmol/L
Chloride	105	101 to 111 mmol/L
Blood Urea Nitrogen	20	7-20 mg/dL
Creatinine	1.3	0.8 to 1.4 mg/dL
Alkaline Phosphatase	109	44 to 147 IU/L
Alanine Aminotransferase	10	8 to 37 IU/L
Aspartate Aminotransferase	12	10 to 34 IU/L
Bilirubin	1.9	0.2 to 1.9 mg/dL

Admission Order

Name: Jackie Brown Age: 25 DOB: 10 / 31 / 1985
Medical record # 31-25-68

1. Status: Admission medical floor
2. Attending: Dr: Stephen Dee
3. Admitting Diagnosis: Decubitous Ulcer
4. Code Status: Full Code
5. Allergies: NKDA
6. Diet: Regular
7. Activity: Bed rest with bathroom privileges with assistance
8. Vital signs: every 4 hrs
9. Notify MD if: systolic BP < 90 or > 180; temperature > 101.5 PO; pulse < 55 bpm or >120 bpm
10. Labs:
CBC, comprehensive metabolic profile daily
11. Medications: Vidodin 5/500 mg every 4-6 hours prn for pain
12. Other: wet-dry dressing changes daily

RN Signature _____

Physician Signature _____