

*Enhancing Registered Nurse Job Readiness and Patient Safety Outcome  
through Clinical Simulation*



*Queen's University Scenario #2: Elderly Urosepsis  
(Revised May 2014)*



## SECTION I: SCENARIO OVERVIEW

<b>Scenario Title:</b>	Adult Med Surg/Critical Care: Elderly Urosepsis
Original Scenario Developer(s):	Queen's University School of Nursing Marian Luctkar-Flude, RN, MScN, PhD(c) Clinical/Academic Advisors Cheryl Pulling, RN, MSN & Hilary Machan, RN, MSN
Date - original scenario	February 2014
Validation:	April 2014
Revision Dates:	May 2014
Pilot testing:	
<p><b>Estimated Scenario Time:</b> Part A &amp; B: 15 min each    <b>Debriefing time:</b> Part A 10 min + Part B 20 min  <b>Target group:</b> Third year BNSc nursing students  <b>Core case:</b> Elderly person with sepsis secondary to UTI, manifested as confusion</p> <p><b>CNO/ CPSI/CIHC Competencies:</b>  <b>CNO:</b> Professional responsibility and accountability; Knowledge-based practice: competent application of knowledge  <b>CPSI:</b> Domain 1 #1, Domain 2, Domain 3 #1 &amp; #2, Domain 4 #3, Domain 5 #2  <b>CIHC:</b> patient-centered care, interprofessional communication</p> <p><b>Best Practice Guidelines:</b>  Canadian Coalition for Seniors' Mental health: National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Delirium  <a href="http://www.ccsmh.ca/en/guidelinesUsers.cfm">http://www.ccsmh.ca/en/guidelinesUsers.cfm</a></p> <p>European Association of Urology Guidelines on Urological Infections: Sepsis Syndrome in Urology (Urosepsis)  <a href="http://www.guideline.gov/popups/printView.aspx?id=34099">http://www.guideline.gov/popups/printView.aspx?id=34099</a></p> <p><u>Registered Nurses' Association of Ontario Clinical Best Practice Guidelines:</u>  <u>Promoting Safety: Alternative Approaches to the Use of Restraints</u>  <a href="http://rnao.ca/sites/rnao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf">http://rnao.ca/sites/rnao-ca/files/Promoting_Safety_-_Alternative_Approaches_to_the_Use_of_Restraints_0.pdf</a></p> <p>Toward Optimized Practice Program: Alberta Health Services (Edmonton) Seniors Health Guideline for the Diagnosis and Management of Urinary Tract Infections in Long Term Care  <a href="http://www.topalbertadoctors.org/cpgs/?sid=15&amp;cpg_cats=66">http://www.topalbertadoctors.org/cpgs/?sid=15&amp;cpg_cats=66</a></p> <p><b>Brief Summary of Case:</b></p> <p>82 year old male encountered in the ER department upon transfer from a long-term care (LTC) facility, with foley catheter in situ, and wrist restraints tied to bed/stretchers rails. PSW accompanying patient describes a 2 day onset of increasing confusion &amp; agitation. Family member arrives as patient's condition is deteriorating with worsening vital signs and decreased level of consciousness until patient unresponsive. Patient requires treatment for septic shock and transfer to ICU</p>	

EVIDENCE BASE / REFERENCES (APA Format)
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European Association of Urology (2011). <i>Guidelines on Urological Infections: Sepsis Syndrome in Urology (Urosepsis)</i> . Retrieved from: <a href="http://www.guideline.gov/popups/printView.aspx?id=34099">http://www.guideline.gov/popups/printView.aspx?id=34099</a>
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Registered Nurses' Association of Ontario (2012). <a href="#"><i>Clinical Best Practice Guidelines: Promoting Safety: Alternative Approaches to the Use of Restraints</i></a> . Toronto: Registered Nurses' Association of Ontario.
Seckel, M.A., & Piper, J.A. (2014). Shock. In S.L. Lewis, S.R. Dirksen, M.M. Heitkemper, L. Bucher, I.M. Camera, M.A. Barry,...D. Goodridge (Eds.), <i>Medical-surgical nursing in Canada: Assessment and management of clinical problems (3<sup>rd</sup> Canadian Ed.)</i> (pp. 1960-1982). Toronto: Elsevier Canada.
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Toward Optimized Practice Program (2010). <i>Alberta Health Services (Edmonton) Seniors Health Guideline for the Diagnosis and Management of Urinary Tract Infections in Long Term Care</i> . Retrieved from: <a href="http://www.topalbertadoctors.org/cpgs/?sid=15&amp;cpg_cats=66">http://www.topalbertadoctors.org/cpgs/?sid=15&amp;cpg_cats=66</a>
Waszynski, C.M. (2001). Confusion Assessment Method (CAM). <i>Try this: Best practices in nursing care to older adults</i> , 13. Hartford Institute for Geriatric Nursing. Retrieved from: <a href="http://consultgerirn.org/uploads/File/Confusion%20Assessment%20Method%20(CAM).pdf">http://consultgerirn.org/uploads/File/Confusion%20Assessment%20Method%20(CAM).pdf</a>

## SECTION II: CURRICULUM INTEGRATION

<b>A. SCENARIO LEARNING OBJECTIVES</b>		
<b>Do What</b>	<b>With What</b>	<b>For What</b>
Communicates	Essential data to physician or NP in an urgent situation	To obtain assistance to diagnose and treat patient condition
Performs	Appropriate emergency measures in an urgent situation	To prevent further deterioration of patient until help arrives
Recognizes	Unsafe practices and conditions in the environment	To prevent adverse events
Communicates	With patient and family members in an emergency situation	To decrease anxiety in the patient and family members

<b>C. PRE-SCENARIO LEARNER ACTIVITIES</b>	
<b>Prerequisite Competencies</b>	
<b>Knowledge</b>	<b>Skills/ Attitudes</b>
<input type="checkbox"/> Care of patient with UTI/Urosepsis/septic shock	<input type="checkbox"/> SBAR communication
<input type="checkbox"/> Pharmacology of antibiotics	<input type="checkbox"/> Administration of antibiotics
<input type="checkbox"/> Intravenous therapy	<input type="checkbox"/> Safe intravenous administration
<input type="checkbox"/> Care of patient with delirium	<input type="checkbox"/> Communication with acutely ill, agitated patients
<input type="checkbox"/> Pathophysiology, risk factors & treatment of UTI/Urosepsis/septic shock	<input type="checkbox"/>

### SECTION III: SCENARIO SCRIPT

#### A. Case summary

Part 1: 82 year old male encountered in the ER department upon transfer from a long-term care (LTC) facility, with Foley catheter in situ, and wrist restraints tied to bed/stretchers rails. Patient is agitated and fighting restraints.

Part 2: Patient's condition is deteriorating with worsening vital signs. Patient has gradually become listless and eventually unresponsive as septic shock sets in. Patient requires treatment for septic shock and transfer to ICU

#### C. Scenario Cast

Patient/ Client	<input checked="" type="checkbox"/> High fidelity simulator	
	<input type="checkbox"/> Mid-level simulator	
	<input type="checkbox"/> Task trainer	
	<input type="checkbox"/> Hybrid (Blended simulator)	
	<input type="checkbox"/> Standardized patient	
Role	Brief Descriptor (Optional)	Confederate/Actor (C/A) or Learner (L)
Part 1 Nurse		Learner #1
Part 1 Nurse		Learner #2
Part 2 Nurse		Learner #3
Part 2 Nurse		Learner #4
Part 3 Nurse		Learner #5
Part 3 Nurse		Learner #6
Part 4 Nurse		Learner #7
Part 4 Nurse		Learner #8
Part 4 Family member	Son or daughter	Confederate
Physician		Confederate

#### D. Patient/Client Profile

Last name:	Thompson	First name:	Bruce
Gender: M	Age: 82	Ht: 182 cm	Wt: 74.8 kg
Code Status: Not determined		Primary Language spoken: English	
Spiritual Practice: Unknown	Ethnicity: Caucasian		
<b>1. Past history</b>			
Previously stable elderly gentleman who has lived in a LTC facility for 8 months following a stroke that left him with right-sided weakness and inability to walk or perform ADL without assistance. Patient has had incontinence since his stroke and had Foley catheter inserted in the LTC facility. Patient has no residual speech or memory deficits.			
<b>Primary Medical Diagnosis</b>	Confusion NYD		

Medication allergies:	Penicillin	Reaction:	Hives & itching
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Food/other allergies:	Penicillin	Reaction:	Anaphylaxis
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3. Current medications	Drug	Dose	Route	Frequency
	Aspirin	81 mg	P.O.	Daily
	Telmisartan	40 mg	P.O.	Daily

Laboratory, Diagnostic Study Results					
Na: 151 mmol/L	K: 3.5 mmol/L	Cl: 115 mmol/L	HCO <sub>3</sub> :	BUN: 18 mmol/L	Cr: 140 umol/L
Ca:	Mg:	Phos:	Glucose: 8.4	HgA1C:	
Hgb: 180 g/L	Hct: 58%	Plt: 250 x 10 <sup>9</sup> /L	WBC: 25 x 10 <sup>9</sup> /L	ABO Blood Type: O+	
PT	PTT	INR	Troponin:	BNP:	
ABG-pH:	paO <sub>2</sub> :	paCO <sub>2</sub> :	HCO <sub>3</sub> /BE:	SaO <sub>2</sub> :	
VDRL:	GBS:	Herpes:	HIV:	Cxr:	EKG

## Confusion Assessment Method (CAM)

<b>Confusion Assessment Method (CAM)</b>		
<b>Acute Onset and Fluctuating Course</b> (Circle appropriate)	<b>Box 1</b>	
Is there evidence of an acute change in mental status from the patient's baseline?	No	Yes
Did the (abnormal) behavior fluctuate during the day, that is, tend to come and go or increase and decrease in severity?	No	Yes
<b>Inattention</b>	<b>Box 2</b>	
Did the patient have difficulty focusing attention, for example, being easily distractible or having difficulty keeping track of what was being said?	No	Yes
<b>Disorganized Thinking</b>	<b>Box 3</b>	
Was the patient's thinking disorganized or incoherent, such as rambling or irrelevant conversation, unclear illogical flow of ideas, or unpredictable switching from subject to subject?	No	Yes
<b>Altered Level of Consciousness</b>		
Overall how would you rate the patient's level of consciousness?	No: Alert normal	Yes: Vigilant (hyper-alert), lethargic (drowsy, easily aroused), stupor (difficult to arouse, coma (un-arousable)
If <b>either/both items in Box 1</b> are circled YES <u>and</u> <b>Box 2</b> is circled YES <u>and</u> <b>either item in Box 3</b> is circled YES a diagnosis of delirium is suggested.	Physician Notified:	
	Date/Time:	Initials: