

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

**Simulation Scenario Template  
Adaptation of California Simulation Alliance (CSA)**

**Adult Type I Diabetic Ketoacidosis**

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CPSI:**Domain 1: Contribute to a Culture of Patient Safety**

- A commitment to applying core patient safety knowledge, skills, and attitudes to everyday work.

**Domain 4: Manage Safety Risks**

- Anticipating, recognizing, and managing situations that place patients at risk.

**Domain 6: Recognize, Respond to, and Disclose Adverse Events**

- Recognizing the occurrence of an adverse event or close call and responding effectively to mitigate harm to the patient, ensure disclosure, and prevent recurrence.

CIHC:**Domain: Team Functioning**

- develop a set of principles for working together that respects the ethical values of members respect team ethics, including confidentiality,
- resource allocation, and professionalism

**Domain: Collaborative Leadership**

- work with others to enable effective patient/ client outcomes

Best Practice Guidelines

- Canadian Diabetes Association - Best and promising practices in diabetes education
- Canadian Diabetes Association – CPG : Managing diabetes in hospital\_

Brief Summary of Case: 49 year old male admitted to a medical unit from the ER with a glucose of 28.

**EVIDENCE BASE / REFERENCES (APA Format)**

Lewis, et al., (2014). Chapter 50. Nursing Assessment: Endocrine System

Lewis et al., (2014). Chapter 52. Nursing Management: Diabetes Mellitus

Thomas, C.M., Bertram, E., & Johnson, D. (2009). The SBAR communication technique: Teaching nursing students professional communication skills. *Nurse Educator*, 34(4), 176-180.

## SECTION II: CURRICULUM INTEGRATION

<b>A. SCENARIO LEARNING OBJECTIVES</b>		
<b>Do What</b>	<b>With What</b>	<b>For What</b>
Demonstrate	An accurate assessment on the client suffering from complications of type I diabetes	To determine etiology of presenting symptoms and decide on approach for care.
Prioritize	Interventions using assessment data	To prevent a further decline in the health status of the client suffering from complications of type I diabetes.
Identify	Threats to patient safety	To prevent undesirable effects
Demonstrate	Principles of medication administration	To help promote patient stabilization and recovery.
Communicate	With the patient and family in an emergency situation	To reduce the anxiety of the patient and his family.
Communicate	Data essential to the physician or NP in a deteriorating situation using the SBAR.	To assist in the diagnosis and treatment of the patient

<b>B. Learning Outcome Assessment / Rubric</b>			
<b>Competency (based on "What For")</b>	<b>Demonstrated attributes align with required competency</b>	<b>Demonstrated attributes need some improvement to align with required competency</b>	<b>Demonstrated attributes need major improvement to align with required competency</b>
Demonstrate an accurate assessment on the client suffering from complications of type I diabetes to determine etiology of presenting symptoms and decide on approach for care.	<ul style="list-style-type: none"> <li>• Assessment yields an accurate picture of the client's current condition</li> <li>• Assessment is conducted in a way that appropriately aligns with the patient's physiological condition</li> <li>• Effectively incorporates a thorough understanding of lab values when determining patient status</li> <li>• Assessment results in an accurate diagnosis</li> <li>• Assessment involves use of appropriate tools for data collection</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment yields a somewhat accurate picture of the client's current condition</li> <li>• Assessment is conducted in a way that somewhat appropriately aligns with the patient's physiological condition</li> <li>• Incorporates some understanding of lab values when determining patient status</li> <li>• Assessment results in a somewhat accurate diagnosis</li> <li>• Assessment involves use of some appropriate tools for data collection</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment does not yield an accurate picture of the client's current condition</li> <li>• Assessment is conducted in a way that does not appropriately align with the patient's physiological condition</li> <li>• Fails to incorporate an understanding of lab values when determining patient status</li> <li>• Assessment does not result in an accurate diagnosis</li> <li>• Assessment does not involve use of appropriate tools for data collection</li> </ul>
Comments			

<p>Prioritize interventions using assessment data to prevent a further decline in the health status of the client suffering from complications of type I diabetes.</p>	<ul style="list-style-type: none"> <li>• Interventions are organized in a way that promotes the patient's recovery</li> <li>• All interventions meet the patient's needs</li> <li>• Appropriate interventions are implemented in relation to abnormal findings</li> <li>• Interventions are carried out in a timely manner</li> <li>• Independently recognizes and seeks help when required patient care is beyond scope of practice</li> <li>• Effectively defers information to appropriate care provider</li> <li>• Demonstrates regard for patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions are organized in a way that somewhat promotes the patient's recovery</li> <li>• Some interventions meet the patient's needs</li> <li>• Some appropriate interventions are implemented in relation to abnormal findings</li> <li>• Interventions are carried out in a somewhat timely manner</li> <li>• Requires some prompting to recognize and seek help when required patient care is beyond scope of practice</li> <li>• Somewhat effectively defers information to appropriate care provider</li> <li>• Demonstrates regard for patient safety</li> </ul>	<ul style="list-style-type: none"> <li>• Interventions are organized in a way that does not promote the patient's recovery</li> <li>• Interventions do not meet any of the patient's needs</li> <li>• Fails to implement interventions that directly relate to abnormal findings</li> <li>• Interventions are not carried out in a timely manner</li> <li>• Despite prompting fails to recognize and seek help when required patient care is beyond scope of practice</li> <li>• Fails to defer information to appropriate care provider</li> <li>• Demonstrates a lack of regard for patient safety</li> </ul>
<p>Comments</p>			

<p>Identify threats to patient safety to prevent undesirable effects</p>	<ul style="list-style-type: none"> <li>Effectively carries out safety checks</li> <li>Care demonstrates a regard for infection control practices</li> <li>Demonstrates accountability for minimizing harm</li> </ul>	<ul style="list-style-type: none"> <li>Carries out some safety checks</li> <li>Care demonstrates some regard for infection control practices</li> <li>Demonstrates some accountability for minimizing harm</li> </ul>	<ul style="list-style-type: none"> <li>Fails to carry out safety checks</li> <li>Care demonstrates little to no regard for infection control practices</li> <li>Demonstrates little to no accountability for minimizing harm</li> </ul>
<p>Comments</p>			
<p>Demonstrate principles of medication administration to help promote patient stabilization and recovery.</p>	<ul style="list-style-type: none"> <li>Delivers medication in accordance with all the “rights” of administration</li> <li>Prepares medications in a safe manner</li> <li>Prepares and delivers medication in a way that supports the patient’s recovery</li> <li>Able to accurately identify potential complications associated with medications</li> </ul>	<ul style="list-style-type: none"> <li>Delivers medication in accordance with some “rights” of administration</li> <li>Prepares medications in a somewhat safe manner</li> <li>Prepares and delivers medication in a way that somewhat supports the patient’s recovery</li> <li>Somewhat able to accurately identify potential complications associated with medications</li> </ul>	<ul style="list-style-type: none"> <li>The “rights” of administration are not followed when delivering medication</li> <li>Fails to prepare medications in a safe manner</li> <li>Prepares and delivers medication in a way that does not support the patient’s recovery</li> <li>Unable to accurately identify potential complications associated with medications</li> </ul>
<p>Comments</p>			



<p>Communicate using therapeutic principles to decrease anxiety in the patient during an emergency situation.</p>	<ul style="list-style-type: none"> <li>• Uses a caring demeanour, resulting in compliance with care</li> <li>• Interacts with the patient in a way that facilitates open communication</li> <li>• Demonstrates a regard for respecting the patient and their family's right to be informed</li> <li>• Conveys information to patient and family in a way that promotes understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Uses a somewhat caring demeanour, resulting in some compliance with care</li> <li>• Interacts with the patient in a way that facilitates some open communication</li> <li>• Demonstrates some regard for respecting the patient and their family's right to be informed</li> <li>• Conveys information to patient and family in a way that promotes some understanding</li> </ul>	<ul style="list-style-type: none"> <li>• Does not use a caring demeanour, resulting in little to no compliance with care</li> <li>• Interacts with the patient in a way that does not facilitate open communication</li> <li>• Demonstrates little to no regard for respecting the patient and their family's right to be informed</li> <li>• Conveys information to patient and family in a way that does not promote understanding</li> </ul>
<p>Comments</p>			
<p>Communicate data essential to the physician or NP in a deteriorating situation using the SBAR to assist in the diagnosis and treatment of the patient</p>	<ul style="list-style-type: none"> <li>• Delivered data accurately portrays the critical nature of the patient's condition</li> <li>• Report is effective and results in immediate buy-in</li> <li>• Secured collaboration is appropriate for the needs of the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Delivered data somewhat accurately portrays the critical nature of the patient's condition</li> <li>• Report is somewhat effective and results in some buy-in</li> <li>• Secured collaboration is somewhat appropriate for the needs of the patient</li> </ul>	<ul style="list-style-type: none"> <li>• Delivered data does not accurately portray the critical nature of the patient's condition</li> <li>• Report is not effective and results in little-to-no buy-in</li> <li>• Secured collaboration is inappropriate for the needs of the patient</li> </ul>
<p>Comments</p>			

C. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Knowledge	Skills/ Attitudes
<input type="checkbox"/> Pathophysiology and Etiology, risk factors, clinical manifestations of diabetic ketoacidosis	<input type="checkbox"/> Lab values related to diabetic ketoacidosis/infection control/hand hygiene
<input type="checkbox"/> Diagnostic sampling	<input type="checkbox"/> Obtain accurate glucose reading/ understand indications for random sample versus fasting sample/ urine analysis (specific gravity, ketones, glucose, pH)
<input type="checkbox"/> Therapeutic communication	<input type="checkbox"/> Strategies for decreasing anxiety
<input type="checkbox"/> Principles of teamwork and collaboration	<input type="checkbox"/> SBAR communication tool with interprofessional team
<input type="checkbox"/> Dimensions for patient centered care	<input type="checkbox"/> Ensuring patient and family are active participants/ ensuring patient's wishes are considered in plan of care/ maintain open communication with patient and family
<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Medical directives/ protocols
<input type="checkbox"/> Medication Administration	<input type="checkbox"/> Indications for medications pertinent to this simulation <input type="checkbox"/> Understanding the difference and implications of long acting and short acting insulin

### SECTION III: SCENARIO SCRIPT

#### A. Case summary

Trent Fleming is a 47 year old male admitted to the ICU from the Emergency Department. Trent recently relocated to Peterborough to complete a Master's in Environmental Sciences. He was diagnosed with type 1 diabetes mellitus 8 years ago. Trent has a very good understanding of his disease and has been managing well. He has complained of diffused abdominal pain, nausea and vomiting for the past 72 hours. Additionally, he has had significantly decreased appetite for the past 4 days. He stopped taking his insulin 72 hours ago due to his symptoms of anorexia and vomiting. Trent was admitted to the ICU from the ER and once stabilized he was transferred to a medical unit.

#### B. Key contextual details

Patient was assessed in the Emergency Department (ED) and admitted to the Intensive Care Unit (ICU). Abdominal X-Ray and CXR done and serum blood samples were taken and sent to lab while the patient was in the ED and ICU. While in the ICU, he was treated with an insulin drip and once he was stabilized, the insulin drip was discontinued and he was transferred to the medical unit.

Located in a private room on a medical unit. Currently, patient is responsive but drowsy. Patient was monitored (cardiac, BP, O<sub>2</sub> monitor) while being transferred. Oxygen 2L via nasal cannula is in place. Patient is resting in semi fowler's position. Patient's IV was pulled out during transfer and was replaced by the night nurse. A dry dressing has been applied over old IV site.

The patient has just been transferred from the ICU with his chart and admitting medical orders at 0645. The patient was accompanied by the ICU nurse who gave report to the unit night nurse. The night nurse is now giving report to the day nurse. Scenario is live once student/learners enter into the room to receive the shift change bedside report.

#### C. Scenario Cast

Patient/ Client	<input 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)
Trent(patient)	Voice and operator of simulator	Sim facilitator / sim tech
RN 1 Primary	Assessment and delegation	Learner
RN 2	Vital signs	Learner
RN 3	Glucose testing	Learner
RN 4&5	Observers and scenario assessors (optional)	Learner
Family member	Asks questions	Learner or confederate
MRP	Medication orders and communication	Confederate or Sim facilitator

D. Patient/Client Profile				
Last name:	Fleming		First name:	Trent
Gender: M	Age: 47	Ht: 177.4cm	Wt: 81kg	Code Status: Full
Spiritual Practice: None stated		Ethnicity: Caucasian		Primary Language spoken: English and French
1. Past history (History of Present Illness)				
Past History: Diagnosis of type 1 diabetes mellitus 20 years ago.				
History of Present Illness: Patient is admitted to the ER and ICU, and later sent to medical unit with nausea, vomiting, diffuse abdominal pain, diaphoresis, and lethargy. Symptoms have been increasing in severity since the am. Patient complaining of vomiting, diaphoresis, lethargy, and mild decrease in level of consciousness. Patient is unable to tolerate oral fluids.				
<b>Primary Medical Diagnosis</b>		Diabetic Ketoacidosis		
2. Review of Systems				
CNS	Slight Decreased LOC, lethargy, increasing restlessness			
Cardiovascular	Rapid weak pulse, orthostatic hypotension			
Pulmonary	Moderate labored breathing			
Renal/Hepatic	Decreased urine output, excessive thirst, denies ETOH (social/ occasional)			
Gastrointestinal	Diffusive abdominal pain, nausea, vomiting, excessive thirst			
Endocrine	History of Type 1 diabetes			
Heme/Coag				
Musculoskeletal	Weakness			
Integument	Diaphoresis, flushed skin, poor skin turgor, eyes appear sunken			
Developmental Hx	Appropriate			
Psychiatric Hx	None reported			
Social Hx	Living in apartment in Peterborough with one roommate, single, family in B.C.			
Alternative/ Complementary Medicine Hx			Unknown	
Medication allergies:	KNKA	Reaction:		
Food/other allergies:	KNFA	Reaction:		
3. Current medications				
Drug	Dose	Route	Frequency	
Novo Rapid	As per orders	SC pump	Continuous	
Tylenol	1000mg	PO	Q4 hours PRN	

4. Laboratory, Diagnostic Study Results					
Na: 134mEq/L	K: 3.3 mEq/L	Cl: 99 mmol/L	HCO <sub>3</sub> : 10mEq/L	BUN: 64	Cr: 160
Ca: 2.65 mmol/L	Mg: 0.60mmol/L	Phos: 1.55 mmol/L	Glucose: 28mmol/L	HgA1C: 5.1%	
Hgb: 147	Hct: 0.60	Plt:	WBC: 14x10 <sup>9</sup> /L	ABO Blood Type:	
PT	PTT	INR	Troponin:	BNP:	
ABG-pH:	paO <sub>2</sub> :	paCO <sub>2</sub> :	HCO <sub>3</sub> /BE:	SaO <sub>2</sub> : 96%	
VDRL:	GBS:	Herpes:	HIV:	Cxr:	EKG
Urine Ketone: pos	Urine gluc: 4+	Urine SG: 1.030			

E. Baseline Simulator/Standardized Patient State (This may vary from the baseline data provided to learners)					
1. Initial physical appearance					
Gender: Male		Attire: hospital gown			
<u>Alterations in appearance (moulage):</u> Dark circles under eyes					
X	ID band present, accurate		ID band present, inaccurate		ID band absent or not applicable
	Allergy band present, accurate		Allergy band inaccurate		Allergy band absent or N/A
2. Initial Vital Signs Monitor display in simulation action room:					
	No monitor display		Monitor on, but no data displayed	X	Monitor on, standard display
**put up vital signs when student asks					
BP: 100/60		HR: 120	RR: 26	T: 38.3°C	SpO <sub>2</sub> : 96% (when sensor placed on finger)
CVP:		PAS:	PAD:	PCWP:	CO:
AIRWAY: 2L NP		ETCO <sub>2</sub> :	FHR:		
Lungs: Sounds/mechanics		Left:	Right:		
Heart:		Sounds: S1 S2			
		ECG rhythm:			
		Other:			
Bowel sounds:		BSP and active x 4 quadrants		Other: Urine output 40ml/hr	
3. Initial Intravenous line set up					
X	<b>Saline lock #1</b>	Site: Left forearm			IV patent (Y/N)
X	<b>IV #1</b>	Site:	Fluid type: 0.9NS	Initial rate:	IV patent (Y/N) N
	Main				

	Piggyback	Hum R 50 units/ 250 cc NS			TKVO  Insulin drip at 10 units/ hour		*disconnected and clothes/ lien wet
	<b>IV #2</b>	Site Right		Fluid type: 0.9NS	Initial rate:		IV patent (Y/N)
	Main						
	Piggyback						

#### 4. Initial Non-invasive monitors set up

X	NIBP		ECG First lead:		ECG Second lead:
X	Pulse oximeter	X	Temp monitor/type	X	Other: portable monitor

#### 5. Initial Hemodynamic monitors set up

	A-line Site:		Catheter/tubing Patency (Y/N)	CVP Site:	PAC Site:
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#### 6. Other monitors/devices

X	Foley catheter	Amount: 50cc	Appearance of urine: dark concentrated		
	Epidural catheter	X	Infusion pump:	Pump settings:	
	Fetal Heart rate monitor/tocometer		Internal	External	

### Environment, Equipment, Essential props

Recommend standardized set ups for each commonly simulated environment

#### 1. Scenario setting: (example: patient room, home, ED, lobby)

Medical unit: IV pole next to bed with an empty infusion pump, med cart off to the side in room stocked with appropriate medications.

#### 2. Equipment, supplies, monitors

(In simulation action room or available in adjacent core storage rooms)

	Bedpan/ Urinal	X	Foley catheter kit	Straight cath. kit	Incentive spirometer
X	IV Infusion pump		Feeding pump	Pressure bag	Wall suction
	Nasogastric tube		ETT suction catheters	Oral suction catheters	Chest tube kit
	Defibrillator		Code Cart	12-lead ECG	Chest tube equip
	PCA infusion pump		Epidural infusion pump	Central line Insertion Kit	Dressing Δ equipment
X	IV fluid Type:	N/S	IV fluid additives: insuline		Blood product ABO Type: # of units:

#### 3. Respiratory therapy equipment/devices

X	Nasal cannula		Face tent	Simple Face Mask	Non re-breather mask
	BVM/Ambu bag		Nebulizer tx kit	Flowmeters (extra supply)	

4. Documentation and Order Forms							
X	Health Care Provider orders	X	Med Admin Record		H & P	X	Lab Results
	Progress Notes	X	Graphic record		Anesthesia/PACU record		ED Record
	Medication reconciliation		Transfer orders	X	Standing (protocol) orders		ICU flow sheet
X	Nurses' Notes	x	Dx test reports		Code Record		Prenatal record
X	Actual medical record binder, constructed per institutional guidelines				Other Describe:		

5. Medications (to be available in sim action room)								
#	Medication	Dosage	Route		#	Medication	Dosage	Route
	Insulin regular Toronto	1 vial	IV			Dimenhydrinate	50 mg	IV
	Mini bags (NS & D5W)	50 ml	IV			Prochlorperazine	10 mg	IV
	Mini bags (NS & D5W)	100ml	IV			N/S with 20KCL	1L	IV
	Bicarb	ampules	IV			Acetaminophen	325 mg	Tabs/oral
	Morphine	10mg vials	IV					

**CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES**

**Initiation of Scenario :**

Patient is received in bed in semi fowler's position. Pt. has slight decrease in LOC and is lethargic. Learners will receive shift change bedside report. Night nurse informs day nurse/ student that the bolus needs to be initiated (or that night nurse just started the bolus if students cannot initiate a bolus).

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p><b>1. Baseline 0730</b></p> <p>Receives report (5 minutes)</p> <p>BP: 100/60 HR:120 RR: 26 SpO2: 96% (2L O2 via nasal prongs) SpO2 reads only when sensor is placed on patient finger Temp: 38.4°C</p> <p>Lungs sounds are clear Heart Sounds: sinus tachycardia, no murmur Bowel Sounds: normoactive Skin: flushed and dry Pain: diffuse abdominal pain 4/10</p>	<p>Operator</p> <p>Triggers: "I am not feeling very well"</p> <p>Patient is agitated, lethargic, diaphoretic</p> <p>Bed is slightly damp from IV being pulled out during night shift transfer (by error)</p> <p>"I feel like I might vomit"</p> <p>Family member states: « what is going on with him? He is not as with it as he usually is"</p>	<p>Learner Actions</p> <ol style="list-style-type: none"> <li>1. Conducts a complete head to toe assessment and measures vital signs.</li> <li>2. Recognizes abnormal findings.</li> <li>3. Prioritizes plan of care.</li> <li>4. Initiates and maintains therapeutic communication.</li> <li>5. Initiates patient centered care.</li> <li>6. Reviews admitting orders.</li> <li>7. Delegation of care.</li> <li>8. Initiates conversation about Gravol</li> <li>9. Initiates conversation about Tylenol</li> <li>10. Check blood glucose</li> <li>11. Initiates IV bolus as per orders (or checks bolus if it is already infusing)</li> </ol>	<p><b>Debriefing Points:</b></p> <ol style="list-style-type: none"> <li>1. Student /learner ability to perform a quick head to toe assessment</li> <li>2. Prioritization of care: how did student prioritize their care and was it appropriate for this patient?</li> <li>3. Was student/learner able to delegate care to complete tasks in timely manner</li> <li>4. Discuss Kussmaul breath sounds and clinical significance</li> <li>5. Review admitting and standing orders</li> </ol>




STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>Slight improvement in patient status</p> <p><b>BP: 110/65</b>  <b>HR: 110</b>  <b>RR: 20</b>  <b>SpO2: 97% on 2L O2 nasal prongs</b>  <b>Temp: 38.4°C without Tylenol given</b></p> <p><b>Temp: 37.8°C with Tylenol given</b></p>	<p><b>Operator:</b></p> <p>Make improvements on mannequin if interventions are appropriate</p> <p>If Gravol has been given, patient's nausea improves</p> <p>If Tylenol had been given on previous state decrease temp to 37.8°C</p> <p>Level of consciousness begins to improve.</p>	<p><b>Learner Actions:</b></p> <ol style="list-style-type: none"> <li>1. Learners reassess patient and vital signs.</li> <li>2. Students evaluate significant findings.</li> <li>3. Student recognizes scope of practice and need for the RN supervision</li> <li>4. Effective teaching and communication with patient.</li> <li>5. Calls physician to inform them of glucometer reading and VS *MD will state to continue IV fluids and monitor- will be up shortly to assess patient*</li> <li>6. Student collects urine from collection bag for urinalysis.</li> <li>7. Glucometer testing</li> </ol>	<p><b>Debriefing Points:</b></p> <p>Learners recognize slight improvement in patient status with IV fluids and meds.</p> <ol style="list-style-type: none"> <li>1. Nursing process and the need to reassessment.</li> <li>2. Discuss complexity of IV continuous insulin infusion.</li> <li>3. Teaching and communication skills.</li> <li>4. Discuss significant findings such as fruity breath, improvements in LOC.</li> <li>5. Discuss implications of fluid administration and signs of fluid overload.</li> <li>6. Look at lab values and what are the important lab values, what are the abnormal and what are the appropriate interventions.</li> </ol>
<p>3. Final State</p> <p><b>BP: 120/70</b>  <b>HR: 90</b>  <b>RR: 18</b>  <b>SpO2: 100% on 2L NP</b>  <b>Temp 37.0°C</b></p>	<p><b>Operator:</b></p> <p><b>Make improvement on mannequin when interventions have been completed</b></p>	<p><b>Learner Actions:</b></p> <ol style="list-style-type: none"> <li>1. Recognize patient improvements</li> <li>2. Continue to monitor patient as per orders</li> <li>3. Completes a focused assessment</li> <li>4. Serum glucose levels and</li> </ol>	<p><b>Debriefing Points:</b></p> <p>Evaluation of simulation, student learning and student satisfaction</p> <ol style="list-style-type: none"> <li>1. What are the improvements in this patient?</li> <li>2. What did you learn from this scenario?</li> </ol>

	<p>Family asks what happened</p> <p><b>Triggers: to end scenario patient has noted improvements</b></p> <p><b>Patient states “I am feeling much better now”</b></p> <p><b>Patient is more alert and responding to questions appropriately</b></p>	<p>glucometer readings</p> <p>5. Re-evaluates IV solution and rate based on clinical findings</p> <p>6. Explains DKA to patient and family</p>	<p>4. What went well during this scenario?</p> <p>5. What actions would you change?</p> <p>6. Did the patient respond the way you thought he would?</p> <p>7. What is the significance of the abnormal findings of hypotension, decreased level of consciousness, Kussmaul respirations, and fruity smelling breath?</p> <p>8. What is the rationale for administering IV fluid bolus initially?</p> <p>9. Why do you not want the glucose level to lower too quickly?</p> <p>10. How did the team function during this scenario?</p> <p>11. How well did the team communicate with each other?</p> <p>12. How did the team communicate with the patient?</p>
<p><b>Scenario End Point:</b> Students communicate with MRP using SBAR</p>			
<p>Suggestions to <u>decrease</u> complexity: Have IV's insitu.</p> <p>Suggestions to <u>increase</u> complexity: Previous history of CHF and change patient to an older adult</p> <p>Have blood sugars drop too quickly causing cerebral edema</p> <p>Have medical orders handwritten and difficult to read</p>			

## APPENDIX A: HEALTH CARE PROVIDER ORDERS

<b>Patient Name:</b>		<b>Diagnosis:</b>  <b>Diabetic Ketoacidosis</b>
<b>DOB: Trent Fleming</b>		
<b>Age: 47 years</b>		
<b>MR#:</b>		
† No Known Allergies		
† Allergies & Sensitivities		
<b>Date</b>	<b>Time</b>	<b>HEALTH CARE PROVIDER ORDERS AND SIGNATURE</b>
	0600	Admit to medical unit - Dr. Brown (Internal Medicine)
		NPO
		AAT
		Vital signs q4 hour
		Blood glucose q4 hour, call MD if blood sugar is > 7 mmol/l
		Oxygen therapy protocol
		IV 0.9NS with 20mEq potassium chloride 1 L bolus then IV 0.9NS with 20mEq potassium chloride @125cc/hr
		Tylenol 975mg po q4h prn
		Morphine 5mg IV q4h prn (for acute pain)
		Dimenhydrinate 25-50mg po/IM/IV q4-6 hours prn
		Prochlorperazine 5-10mg IV q8h prn
		If ph< 7.0 give 1 amp Sodium Bicarbonate IV push then call MD
		Repeat electrolytes, phosphate q4 hours
		Urinalysis q24hours
<b>Signature</b>		Dr. Brown

APPENDIX B: Digital images of manikin and/or scenario milieu	
<p><b>Insert digital photo here</b></p>	<p><b>Insert digital photo here</b></p>
<p><b>Insert digital photo here</b></p>	<p> GOPR0328.MP4</p> <p><b>Insert digital photo here</b></p>

**APPENDIX C: DEBRIEFING GUIDE**

<b>General Debriefing Plan</b>			
<input type="checkbox"/> Individual	X <input type="checkbox"/> Group	X <input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
<b>Debriefing Materials</b>			
X <input type="checkbox"/> Debriefing Guide	X <input type="checkbox"/> Objectives	X <input type="checkbox"/> Debriefing Points	<input type="checkbox"/> QSEN
<b>CPSI Competencies to consider for debriefing scenarios</b>			
Culture	X Teamwork/Collaboration	Identify safety risk	
X Communication	Issues in environment	Respond to safety risk	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Sample Questions for Debriefing</b>			
<input type="checkbox"/> 1. When working with a patient experiencing DKA what are some potential complications that need to be considered? <input type="checkbox"/> 2. Did you feel adequately prepared for this type of scenario? <input type="checkbox"/> 3. What do you feel you did well? <input type="checkbox"/> 4. What do you think could have been improved? <input type="checkbox"/> 5. Do you feel you meet the objectives stating in the rubric provided to you prior to this scenario?			
<b>Interprofessional Competencies to consider for debriefing scenarios</b>			
X Role Clarification	X Interprofessional Teamwork Functioning		
X Patient/Family /Client? Community centred care	X Collaborative Leadership		
<input type="checkbox"/> Interprofessional Communication	<input type="checkbox"/>		
<b>Sample Questions for Debriefing</b>			
<input type="checkbox"/> 1. When delegating care, how did you feel giving your peers direction, and how was that direction received?			