Scenario: Medical Error

Discipline: Nursing
Expected Simulation Run Time: 20 min
Student Level: advanced
Guided Reflection Time: 40 min

Admission Date: today
Time: 2215

Brief Description of Client:
Name: Roger Waters       Gender: M
Age: 65               Race: caucasian
Weight: 85kg       Height: 177 cm

Religion: n/a       Major Support: son, lives 200 miles away
Allergies: fluoroquinolones
Immunizations: up to date

Attending Physician/Team: Youngblood

Past Medical History: HTN, CAD, Atrial fibrillation, high cholesterol

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

Psychomotor Skills Required Prior to Simulation
patient assessment
SBAR/handoff
Oral medication administration
Application of rapid response/first aid guidelines
Patient safety and communication skills

Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]
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)
Social History:
Lives alone, divorced, retired musician, quit smoking several years ago, occasional ETOH

Primary Medical Diagnosis: syncope

Nursing Diagnosis:

Collaborative Problems:

Simulation Learning Objectives

1. Safely administer medications by avoiding errors that have high potential for serious patient harm.
2. Identify rationales for holding certain medications in a given patient and appropriate follow up for the given situation.
3. Recognize an acute deterioration in patient condition.
4. Manage the initial phase of an acute reaction to a medication that was administered.
5. Identify the primary nursing diagnosis and/or collaborative problems.
6. Document the assessments, patient changes, and interventions completed.
7. Demonstrate therapeutic communications in care of the patient and family.

Fidelity (choose all that apply to this simulation)

<table>
<thead>
<tr>
<th>Setting/Environment</th>
<th>Medications and Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>X Oral Meds</td>
</tr>
<tr>
<td>X Med Surg</td>
<td>o IV Fluids</td>
</tr>
<tr>
<td>o Peds</td>
<td>o IVPB</td>
</tr>
<tr>
<td>o ICU</td>
<td>o IV Push</td>
</tr>
<tr>
<td>o OR / PACU</td>
<td>o IM / Subcut / Intradermal</td>
</tr>
<tr>
<td>o Women’s Center</td>
<td>o Other</td>
</tr>
<tr>
<td>o Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>o Home Health</td>
<td></td>
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<tr>
<td>o Pre-Hospital</td>
<td></td>
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<tr>
<td>o Other</td>
<td></td>
</tr>
</tbody>
</table>

Simulator/Manikin/s Needed:
Standardized patient or high fidelity mannequin
### Props:

**Equipment Attached to Manikin:**
- 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
- 02 ______
- Monitor attached

<table>
<thead>
<tr>
<th>X</th>
<th>ID band</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Other- saline lock attached to R arm and kerlix dressing on L arm, blood moulage if RN gives warfarin before drawing labs</td>
</tr>
</tbody>
</table>

**Equipment Available in Room**
- Bedpan/Urinal
- Foley kit
- Straight Cath Kit
- Incentive Spirometry
- Fluids
- IV start kit
- IV tubing
- IVPB Tubing
- IV Pump
- Feeding Pump
- Pressure Bag
- 02 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 |

### Diagnostics Available
- X-rays (Images)
- Labs
- 12-Lead EKG
- Other__________________

### Documentation Forms
- 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

### Recommended Mode for Simulation
(i.e. manual, programmed, etc.)
High fidelity or with standardized patient
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)


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
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
<table>
<thead>
<tr>
<th>Timing (approximate)</th>
<th>Manikin Actions</th>
<th>Expected Interventions</th>
<th>May Use the Following Cues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First 5 minutes</strong></td>
<td>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.</td>
<td>Primary RN takes report and begins assessment.</td>
<td>Role members providing cue: Transferring RN, patient 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.</td>
</tr>
<tr>
<td><strong>Next 5-10 minutes</strong></td>
<td>Pt continues to ask for meds, milk, crackers</td>
<td>RN finishes assessment, checks orders, administers appropriate medications</td>
<td>Role member providing cue: patient, unit secretary Cue: “I need those medications now!” (pt) “lab labels are up for Mr. Waters” and “your new admission is here in 345”</td>
</tr>
</tbody>
</table>

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.
| 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!” |

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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