Montgomery College Nursing Simulation Scenario Library

Scenario File: End of Life  
Discipline: Nursing  
Student Level: Intermediate-Advanced  
Expected Simulation Run Time: 15-20 minutes  
Guided Reflection Time: 40 min

<table>
<thead>
<tr>
<th>Admission Date: 11/26/20XX</th>
<th>Psychomotor Skills Required Prior to Simulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Today’s Date:</td>
<td>Performing a physical assessment</td>
</tr>
<tr>
<td></td>
<td>Administering Morphine IV push</td>
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<tr>
<td>Brief Description:</td>
<td>Administering oxygen via non-rebreather</td>
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<tr>
<td>Name: Sarah Marshall</td>
<td>Oral Suctioning/ using Yanker for mouth care</td>
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<tr>
<td>Gender: F</td>
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<tr>
<td>Age: 75</td>
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<tr>
<td>Race: Caucasian</td>
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<tr>
<td>Weight: 61 kg</td>
<td></td>
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<tr>
<td>Height: 63 cm</td>
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</tr>
<tr>
<td>Religion:</td>
<td></td>
</tr>
<tr>
<td>Major Support:</td>
<td></td>
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<tr>
<td>Phone:</td>
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<tr>
<td>Allergies: NKDA</td>
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<tr>
<td>Immunizations</td>
<td></td>
</tr>
<tr>
<td>Attending Physician/Team:</td>
<td></td>
</tr>
<tr>
<td>ER Doctor</td>
<td></td>
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<tr>
<td>Pastoral services</td>
<td></td>
</tr>
<tr>
<td>Charge RN</td>
<td></td>
</tr>
<tr>
<td>Primary RN</td>
<td></td>
</tr>
<tr>
<td>RN from Unit patient will be transferred to Report RN</td>
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<tr>
<td>Past Medical History:</td>
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<tr>
<td>Anemia</td>
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<tr>
<td>Lung Cancer</td>
<td></td>
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<tr>
<td>Hypothyroidism</td>
<td></td>
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<tr>
<td>History of Present illness:</td>
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<tr>
<td>Metastatic Lung Cancer</td>
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<tr>
<td>Increasing Shortness of Breath</td>
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<tr>
<td>Change in Mental Status</td>
<td></td>
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<tr>
<td>Social History:</td>
<td></td>
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<tr>
<td>Former Smoker</td>
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</tbody>
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Nursing Diagnosis:
- Impaired gas exchange
- Ineffective airway clearance
- Chronic Pain
- Impaired verbal communication

Collaborative Problems:
- Family coping and understanding about the dying process
- Ethical concerns for the administration of Morphine and of transferring a dying patient to another unit
Simulation Learning Objectives

1. Apply the nursing process to provide care to a dying patient.

2. Assess the dying patient, including information obtained through verbal and non-verbal communication with the patient and family.

3. Determine (plan) the nursing care for the patient based on assessment findings.

4. Implement the appropriate care in a safe manner.

5. Evaluate the care provided.

6. Identify the primary nursing diagnosis and/or collaborative problems.

7. Document the assessments, patient changes, and interventions completed.

8. Demonstrate therapeutic communications in care of the patient and family.

Scenario Specific Objectives

1. Recalls the phases of death and dying.
2. Implements proper therapeutic communication and support for the patient and family and provide support during the final phase of death.
3. Demonstrates patient advocacy.
4. Identifies the final phase of dying process and intervenes appropriately.
**Fidelity (choose all that apply to this simulation)**

<table>
<thead>
<tr>
<th>Setting/Environment</th>
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<tbody>
<tr>
<td>ER</td>
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<tr>
<td>Med Surg</td>
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<tr>
<td>Peds</td>
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<tr>
<td>ICU</td>
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<tr>
<td>OR / PACU</td>
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<tr>
<td>Women’s Center</td>
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<tr>
<td>Behavioral Health</td>
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<td>Home Health</td>
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<tr>
<td>Pre-Hospital</td>
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<tr>
<td>Other</td>
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**Simulator/Manikin/s Needed:**
Sim Essential (high fidelity)

**Props:**
- Grey curly wig
- Moulage to make patient appear very pale with bluish/dusky colored lips and extremities
- Yanker suctioning and non-rebreather mask at the bedside
- Monitor showing vital signs
- Advanced Directives Document

**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
- ID band, DNR band
- Other(saline lock attached)

**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_____ (non-rebreather mask________)
- Crash cart with airway devices and emergency medications
- Defibrillator/Pacer

**Medications and Fluids**
- Oral Meds
- IV Fluids (1000 ml Normal Saline)
- IVPB
- IV Push (morphine 2 Mg IVP)
- IM / Subcut / Intradermal
- Other

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

**Documentation Forms**
- Admit Orders
- Physician Orders
- Flow sheet
- 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.)

Manual programmed mode (facilitator will make changes manually as scenario...
### Roles/Guidelines for Roles
- **Primary Nurse**
- **Secondary Nurse (Report RN)**
- **Charge Nurse**
- **Family Member #1**
- **Family Member #2**
- **Observer**
- **Physician / Advanced Practice Nurse**
- **Respiratory Therapy**
- **Anesthesia**
- **Pharmacy**
- **Lab**
- **Imaging**
- **Social Services**
- **Clergy (pastoral services)**
- **Unlicensed Assistive Personnel**
- **Code Team**
- **Other ____________________________**

### Important Information Related to Roles
- Has been oriented to simulator and patient monitor
- Understands guidelines /expectations for scenario
- Has accomplished all pre-simulation requirements
- All participants understand their assigned roles
- Has been given time frame expectations
- **Other ____________________________**

### Report Students Will Receive Before Simulation

**Time:** 1500

Mrs. Marshall is a 75 y.o female that presented in the ER a few minutes before the shift changed; she was brought in by EMS for increasing shortness of breath, change in mental status and lethargy. Her daughter is at the bedside. She has a PMH of metastatic lung cancer, anemia and hypothyroidism. Her vital signs are, BP-70/40; HR-42, Resp-30 (shallow with periods of apnea); O2 sat 89%; she is on a non-rebreather mask. A #20 gauge to her left AC. Dr. Hanson is aware of her vitals and is putting in some orders for fluid bolus but her family (especially her daughter) is being very protective of her and has been refusing for a few things to be done. She is a DNR.

### Significant Lab Values

### Student Information Needed Prior to Scenario
- ✓ Has been oriented to simulator and patient monitor
- ✓ Understands guidelines /expectations for scenario
- ✓ Has accomplished all pre-simulation requirements
- ✓ All participants understand their assigned roles
- ✓ Has been given time frame expectations
- **Other ____________________________**

### Physician Orders
- **NS Bolus to maintain SBP>90**
- **Morphine Sulfate 2 mg IVP q2h PRN for pain**
- **Transfer to 4 East when bed available**

### Palliative Care Orders
- **Oxygen to maintain O2 saturation >95%**


## 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
- 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
- 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
- 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
# Scenario Progression Outline

<table>
<thead>
<tr>
<th>Timing (approximate)</th>
<th>Manikin Actions</th>
<th>Expected Student Actions</th>
<th>May Use the Following Cues</th>
</tr>
</thead>
</table>
| **First 5 minutes**  | Vital signs: displayed on screen  
BP-70/40  
HR- 42  
Resp- 30 (shallow with periods of apnea) and gurgling rhonchi  
If sim essential or 3G-eyes slightly opened with blink reflex still intact, non-verbal; daughter is sitting at bedside holding her hand  
The monitor is continuously beeping | introduces self  
performs hand hygiene  
performs oral suction/mouth care  
Primary nurse turns off monitor | Role member providing Patient's daughter:  
looks concerned when primary nurse begins to raise the head of the bed and stops nurse  
Daughter states that her mother is in pain when head of bed is raised.  
If nurse does not turn off monitor, daughter will state that her mother has been unable to rest and that the hospital is noisy.  
Asks to speak to pastor.  
Daughter states, “I don’t think that my mother can take much more” and hands advance directives to nurse |
| **Next 5-10 minutes** | BP 70/30  
Increased rhonchi volume, longer periods of apnea | Pastoral services enter room and provide comforting words for patient and daughter.  
Nurse begins to prep morphine, and has a discussion with charge nurse regarding morphine order | Role member providing cue:  
family member- “Is there anything you can give her? She seems so uncomfortable.”  
Role member providing cue:  
charge nurse- “Are you OK giving her that morphine since her pressure is so low?” |
### Final 15-20 minutes

| BP 68/38 RR 26 HR38 | Loud gurgling rhonchi, periods of apnea | Administers morphine, receives message via intercom or vocera that the unit that patient is transferring to be calling for report. leaves patient room | Role member providing cue: Daughter- “she looks more comfortable, but I’m not sure how much longer she’s going to last.” |
| Asystole alarm at nurses station | | Advocates for patient and family to remain in the ED, not to transfer. | Cue: primary nurse is paged to the nurses’s station |
| | | comfort family member | Cue: Charge nurse- “Your patient looks very unstable. What can I do to help?” |
| | | | Cue: HCP- auscultates lungs, pronounces death |
| | | | Cue: Pastoral care- enters room and opens prayer book. |
| | | | Cue: family member- begins to sob |

## 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? Ethical concerns?

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: