

SIMULATION SCENARIO DEVELOPMENT TEMPLATE

Scenario name: Wound care
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Target audience: Undergrad Grad Other: 3rd qtr senior (transitions to practice course)
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Institution: U of Washington, U of Wyoming
Goal/Purpose:

Lab Set-up

Patient simulator/Task trainer: Medium fidelity
Patient characteristics: Name: Gender: M. Race: Caucasian. Weight: 155. Age: 26. Height: 5'11"
Vital parameters, beginning:
Environment/setting/location:
Lab staff needed day of simulation: Patient/sim tech, significant other, RN, instructor
Equipment, supplies & prop list: 2 4x4 gauze, 1 Kurlex gauze, 1 isolation gown, 1 mask, 1 mask and shield, 1 wound RUE, gloves, 2x2 with dried blood- old dressing on RUE, forceps

Learning Objectives

1. Students will integrate contact isolation, precautions into patient care
2. Students will perform wound assessment and safely change the dressing
3. Students will teach discharge dressing change to patient and significant other (SO) (wound care and communication).

Student Preparation

Pre-requisite knowledge/activities:

1. Clean technique wound care- skill lab/learning resources
2. Isolation precautions
3. Signs and symptoms of infection

Clinical Case Information

Case description/Patient history (HPI, PMH, Social Hx, FH):

Pt's name is Derrek Dolan. Was seen in ER 10 days ago with right upper extremity cellulitis r/t IVDU. MRSA infection suspected and discharged with instructions to return if abscess formed.
HPI: Re-admitted for worsening cellulitis & development of abscess r/t IVDU; C&S positive for MRSA. RUE wound with significant drainage, last changed at the beginning of night shift. Wound care ordered TID. Pain rated at 2/10. Had a PICC in the left arm for vancomycin, d/c'd by the IV team yesterday because vancomycin treatment complete. Discharge orders include wound care teaching at home, f/u with PCP tomorrow for packing and to assess wound healing. He has an scheduled appointment at the methadone clinic tomorrow per social work.
PMH: Cellulitis/abscesses x2 in past year, IVDU- intermittent methadone treatment
FH: none available Social HX: Lives with significant other. Long-standing hx IVDU multiple substances.

Medications and Allergies (MAR):

Vancomycin: 1g IVPB daily, MRSA positive abscess
Methadone: 20mg, twice daily, H/O IVDU
Oxycodone: 10mg q3h prn, pain
Acetaminophen: 650mg, q4-6h prn, pain
Allergies: NKDA

Actor Roles and Behavior Overview

Actor/Role – Brief overview of behavior during scenario

Patient- manikin with tech's voice. He is a bit dismissive of the wound care teaching. "Yeah, it's not the first time I've had to do this." when approached about learning dressing change.

Significant other - student #1, frightened to participate in dressing change--afraid of doing it wrong or making the infection worse. Is also is afraid of getting sick too with MRSA.

RN - student #2 to provide wound care teaching to patient and significant other

Clinical instructor - provides educational information as needed.

Scenario Events and Expected Actions

Events in chronological order – Expected actions

1. When the nurse arrives, the patient has their duffel bag on the bed, packed. He/She is in street clothes and eager for discharge - student encourages patient to talk about need to leave .
2. Patient's significant other is at the bedside and is reluctant to help with the wound care - student encourages SO to discuss fears around wound care.
3. SO also fearfully asks about MRSA - student provides educational information on prevention.
4. Student starts wound care and dressing change teaching - Student Engages both the patient and SO in the wound care teaching. Attempt to have the SO perform the dressing. Emphasize sterile technique and infection control. Check patient and SO understanding of wound care and dressing frequency.

Debriefing Points

1. Review debriefing rules and purpose (e.g., confidentiality).
2. What went well?
3. What would you do differently?
4. Review discharge teaching and strategies for engaging the SO.
5. Review the objectives and have student reflect on how well these were addressed.

References

Evidenced-based practice guidelines, protocols or algorithms used in creating scenario:

Based on general medical care (e.g., Elkins, Perry, & Potter, Fundamentals of Nursing).

Key Words:

Med-Surg, wound care, MRSA, isolation precautions, sterile technique, discharge teaching.