

# ATYPICAL CHEST PAIN FEMALE

Estimated Time: 60 minutes • Debriefing Time: 60 minutes



Scan to Begin



Patient Name: Maria I. Franco

## SCENARIO OVERVIEW

Maria I. Franco is a 47-year-old female who presented to the emergency department a few minutes ago with “heartburn” and “indigestion” that was determined to be atypical chest pain. At the beginning of this scenario, results from previous STAT orders including an ECG, cardiac enzymes, and lab work are received. The students should review these results and implement orders from a STEMI protocol including administration of Nitroglycerin sublingually, Nitroglycerin IV and Heparin IV which require math calculations. The scenario ends when orders are received from the cardiologist to prepare for cardiac catheterization.

## LEARNING OBJECTIVES

1. Administer cardiac related medications safely
2. Interpret cardiac-related lab results
3. Prioritize nursing care for a female patient with new onset chest pain
4. Communicate therapeutically with a patient experiencing an acute health care crisis
5. Report complete, accurate, and pertinent information to the health care team

## CURRICULUM MAPPING

### WTCS NURSING PROGRAM OUTCOMES

- Demonstrate appropriate written, verbal, and nonverbal communication in a variety of clinical contexts
- Provide patient centered care by utilizing the nursing process across diverse populations and health care settings
- Minimize risk of harm to patients, members of the healthcare team and self through safe individual performance and participation in system effectiveness
- Lead the multidisciplinary health care team to provide effective patient care throughout the lifespan

### BASIC SKILLS

- Perform a general survey assessment
- Measure blood pressure and other vital signs
- Perform a basic cardiac assessment
- Perform mathematical calculations related to clinical practice
- Manage oxygen therapy
- Manage intravenous therapy

### NURSING FUNDAMENTALS

- Maintain a safe, effective care environment for adults of all ages

- Use appropriate communication techniques
- Use the nursing process
- Provide nursing care for patients with comfort alterations
- Provide nursing care for patients with alterations in oxygenation

## HEALTH ALTERATIONS

- Plan nursing care for patients with alterations in the cardiovascular system

## SIMULATION LEARNING ENVIRONMENT & SET-UP

### ENVIRONMENT

Inside room: Patient on bed, emergency room setting

Inside or outside room: Hand sanitizer or sink

Outside room: Computer or form(s) for documentation, Medications

### PATIENT PROFILE

Name: Maria I. Franco

Code Status: Full code

DOB: 07/16/19XX

Primary Language spoken: English

Age: 47

Current Medications: None

MR#: 1316

Admitting Diagnosis: Heartburn (R12),  
Chest Pain (R07.89)

Gender: Female

Medical History: Diabetes Mellitus (E11.9),  
HTN (I10), Hyperlipidemia (E78.5),  
Smoker, nicotine addiction (F17.210)

Height: 157 cm (62 inches)

Weight: 72 kg (160 lbs)

Allergies: Shellfish

### EQUIPMENT/SUPPLIES/SETTINGS

#### Patient

- Hospital gown with no oxygen on
- Moulage to appear slightly gray and diaphoretic
- ID band with QR code
- Two large bore peripheral IVs in place, one in right AC

#### Monitor Settings




- On cardiac monitor with pulse oximetry
- Vitals: BP 145/95, P 115, RR 25, O2 93%, T 37.5C (99.5F), Pain: 9/10

#### Supplies

- General

- Equipment to obtain vitals including oxygen saturation
- Nasal cannula
- Phone
- Print the enclosed paper MAR for documentation purposes
- Medications (realistic IV labels are available by scanning the QR code)
  - Nitroglycerin 0.4 mg sublingually
  - Heparin IV bag (12,500 units in 250 ml)
  - Nitroglycerin 50 mg in 0.9% NS 250 ml glass bottle
  - 0.9% NS 1000 ml bag

## QR CODES

REPORT 	START 	PATIENT 	PATIENT ID 
CHEST  	IV SITE #1 	IV SITE #2 	ASPIRIN 
NITRO SUBL 	NITRO IV 	HEPARIN IV 	

# TEACHING PLAN

## PREBRIEF

The facilitator should lead this portion of the simulation. The following steps will guide you through Prebrief.

- Scan the **QR Code: “Scan to Begin”** while students are in Prebrief
- “Meet Your Patient” (on iPad) and explain how the iPad works in the simulated learning environment including:
  - Explain how to use the iPad scanner and QR codes. Remind students that there are multiple QR codes in the simulation, but they should only scan them if they think it will provide data necessary for their assessment and evaluation of the patient.
  - For some scenarios, it may be helpful to tell students where the QR Code are located. For others, you may want students to “find” the QR Codes during their assessments. This is your choice.
  - Describe how a QR Code sound will work in the scenario. Show them how to use the ARISE “stethoscope” and the symbol on the QR Code that signifies when a QR Code is audio 🎧. Example: **QR Code: Chest** 🎧
  - As the facilitator, you should be aware that throughout the simulation some QR codes are necessary to the programming of the iPad content. Directions for which QR codes are required (to be scanned) in each state are listed under each state of the documentation below. The QR codes are also in **BOLD** type.
  - Level Up tab – This tab “tells” the content in the iPad to change to what is needed for the next state of a simulation. It also helps student know where they are at in a scenario and it may give “clues” as to how to progress.
- Discuss the simulation “Learning Objective(s)” (on iPad) as well as any other Prebrief materials
- Get “Report” (on iPad)
  - Possible Facilitator Questions
    - What are your priority concerns based on the report you received?
- Play the “Patient” video (on iPad)
  - Possible Facilitator Questions

- What do you notice about Maria's current condition?
- What symptoms of atypical chest pain is Maria experiencing?
- Advance to the "Patient Profile" screen (on iPad). This will act as a simulated patient chart.
- Students can view the tabbed content on the iPad (see below) prior to entering the patient's room and throughout the simulation as needed.
  - You should give student some time (5 minutes) to review this content now, prior to entering the patient's room.
  - Possible Facilitator Questions (as students view the tabbed iPad content):
    - How is cardiac monitoring different from an ECG?
    - Analyze the lab results: what do they indicate?
    - What does a "STEMI" on the ECG results indicate?
    - How will you prioritize the new orders?
    - Why is a STAT CXR ordered? (Answer: To rule out AAA)
    - Why are 2 large bore IVs ordered? (Answer: Nitroglycerin is not compatible with other medications.)
    - Why is time of the essence in implementing the STEMI protocol? (Answer: Goal is 90 minutes from initial assessment of chest pain to catheterization if a STEMI is occurring)
    - Who can you call for assistance in implementing the new orders?
    - What are your priority focused assessments at this time?
    - You have received new orders but Maria is unaware of the status of her condition. In your role as an RN, what can you share with her at this point?



## HISTORY & PHYSICAL

**Name:** Mario I. Franco

MR#: 1316

DOB: 07/16/19XX

**CHIEF COMPLAINT:** Abdominal pain and indigestion

**HISTORY OF PRESENT ILLNESS:** Maria presented to the Emergency Room with abdominal pain and indigestion that she related to a sub sandwich that she ate for lunch. However, she also complained of associated symptoms of diaphoresis and dyspnea, so a STAT EKG and cardiac enzymes were ordered.

**PAST MEDICAL/SURGICAL HISTORY:** Maria has a history of hyperlipidemia, diabetes mellitus Type 2 and hypertension. No previous surgeries.

**ER/HOSPITALIZATIONS IN THE LAST 12 MONTHS:** None

**MEDICATIONS:** Metformin, Lisinopril, and Lipitor

**ALLERGIES:** Shellfish

**FAMILY MEDICAL HISTORY:** Father had MI age 50

**REVIEW OF SYSTEMS:** Abbreviated due to acuity of current medical condition.

**HEENT:** Denies injury, change in level of consciousness, or headaches or change in vision.

**Respiratory:** Complains of mild shortness of breath that started with feelings of indigestion.

**Cardiovascular:** Denies chest pain and palpitations. No history of murmur or valve disorder. History of hypertension and hyperlipidemia.

**Peripheral Vascular:** Denies claudication, leg cramps, paresthesias or edema.

**Gastrointestinal:** Denies change in appetite, weight gain/loss. New onset indigestion and heartburn that she describes as a “burning sensation above her belly button” that she rates as a 9/10 and relates to a sub sandwich she ate 45 minutes ago

**Endocrine:** History of diabetes mellitus. Denies polydipsia or polyuria.

**PHYSICAL EXAM:**

**Vital signs:** BP= 108/70, T= 37.5C, P= 120, R= 20, O2= 91% on RA

height= 157 cm (5'2), weight= 72 kg

Pain Scale 9/10

**General Appearance:** 47-year-old female who appears stated age and is well developed, well hydrated, and well nourished. Maintains good eye contact and interacts appropriately. Is alert and oriented x 3.

**HEENT:** unremarkable

**Integument:** Normal turgor.

**Respiratory/Chest:** Breath sounds clear. No wheezes, rales or crackles. Minimal effort. No cyanosis or clubbing.

**Cardiovascular:** Regular S1S2 rhythm without murmur. S4 present.

**Vascular/extremities:** Pedal pulses – L 2/4 / R 2/4 Capillary refill time less than three seconds. Extremities normal color. No edema.

**Gastrointestinal/abdomen:** Epigastric tenderness with mild guarding. Bowel sounds positive in four quadrants.

**Genitourinary:** No CVA tenderness.

**ASSESSMENT/PLAN:** STAT EKG and cardiac enzyme results. If positive, STAT cardiac consult.

Electronically Signed - Dr. Bernard, MD


## VITALS

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The iPad reads, “No reports available. You must verify the patient before vitals can be taken.”

- Student must scan **QR Code: Patient ID** before entering vitals.
- Simulator vitals are set to: BP 145/95, P 115, RR 25, O2 sat 93%, T 37.5 C, Pain 9/10

## ORDERS

 <span style="float: right;">Orders</span>		
Date	Time	Order
Today	15min ago	CK-MB, Troponin, CBC, Electrolytes, BUN, Creatinine, Glucose, Magnesium, INR, PTT STAT
		12 lead ECG STAT and notify provider of results
		Chewable non-enteric coated aspirin 325 mg PO STAT
		If O2 sat < 94%, start O2 via NC at 4 L and titrate prn
		Nitroglycerine 0.4 mg Sublingually q 5 mins for 3 doses PRN for chest pain
		Famotidine 20 mg PO once for indigestion prn
		----- Dr. Bernard, M.D.
Today	10min ago	Cardiology consult STAT
		Continuous cardiac monitoring
		Activation of STEMI protocol --Dr. Bernard, M.D.
		STEMI Protocol Order Set: <ul style="list-style-type: none"> <li>• ASA 325 mg PO (four 81 chewable non-enteric coded) if not already given</li> <li>• Two peripheral IVs</li> <li>• O2 titrated to keep O2 sat &gt;94% prn</li> <li>• Nitroglycerine 0.4 mg sublingually q 5minutes for total of 3 doses; Nitroglycerine IV prn for chest pain not resolved by Nitroglycerin sublingual doses. Start at 5 mcg/min and increase by 5 mcg every 5 minutes up to 20 mcg/min until response noted.</li> <li>• Metoprolol 5mg IV every 2 minutes x 3 doses, hold if SBP &lt;100 or HR &lt;60</li> <li>• Heparin IV 60 Units/kg IV (max 4000 units) loading dose then Heparin infusion 12 U/kg/hr (max 1000 units/hour)</li> <li>• Clopidogrel 600mg PO STAT</li> </ul>

Continue >

## MAR

Facilitator Note: Students may click on each underlined medication for a hyperlink with medication information provided by National Library of Medicine.

MAR		
<b>Patient Name: Maria I. Franco</b> <b>DOB:07/16/19XX Weight(kg):72</b> <b>MR#: 1316</b> <b>Provider: Dr. Bernard</b> <b>Allergies: Shellfish</b>		
Order	Sch. Time	Dose
Chewable non-enteric coated <u>aspirin</u> 81 mg four tabs PO STAT	Last given 10 min ago	324mg
<u>Nitroglycerin</u> 0.4mg sublingually q5 minutes for 3 doses prn for chest pain	Last given 10min ago	0.4mg
<u>Nitroglycerin</u> 0.4mg sublingually q5 minutes for 3 doses prn for chest pain	Last given 5min ago	0.4mg
<u>Famotidine</u> 20 mg PO once prn for indigestion	Last given 10min ago	20mg

<u>Nitroglycerin</u> 0.4mg sublingually q5 minutes for 3 doses prn for chest pain	STAT	
<u>Heparin</u> IV infusion 12 U/kg/hr (max 1000 units/hour)	STAT	
0.9% NS at TKO rate	STAT	
<u>Nitroglycerin</u> IV prn for chest pain not relieved by Nitroglycerin subl. Start at 5 mcg/min. Increase by 5 mcg every 5 minutes, up to 20 mcg/min, until response noted while maintaining SBP greater than 100	PRN	

Continue >

## PROGRESS NOTES

No reports available.

## LAB/DIAGNOSTICS



## Labs-Diagnostics

Patient Name: Maria I. Franco  
 DOB: 7/16/19XX  
 MR#: 1316

## Complete Blood Count (CBC)

Date	Today	Units	Reference Range
Time	Now		
<b>WBC</b>	6	x10 <sup>3</sup> /mm <sup>3</sup>	4.5 – 11.0
<b>RBC</b>	4.2	x10 <sup>6</sup> /mm <sup>3</sup>	F: 4.2-5.4/M: 4.6-6.2
<b>HGB</b>	13	g/dl	(F) 13.0 - 15 (M) 14.0 - 17
<b>HCT (PCV)</b>	40	%	(F) 38 - 47 (M) 42 - 52
<b>MVC</b>	85	fL	80 - 90
<b>MCH</b>	30	pg	27 - 32
<b>MCHC</b>	34	%	32 – 36
<b>RDW</b>	12.5	%	11.5 – 14.5
<b>Platelet</b>	263	x10 <sup>3</sup> /mm <sup>3</sup>	150 - 450
<b>MPV</b>	8	fL	6.0 – 12.0

## Basic Metabolic Profile (BMP/Chem. 7\*)

Date	Today	Units	Reference Range
Time	Now		
<b>Glucose*</b>	142	mg/dl	Fasting 70 - 105
<b>Calcium*</b>	9.2	mg/dl	8.5 - 10.5
<b>Sodium*</b>	144	mmol/L	135 - 145
<b>Potassium*</b>	5	mmol/L	3.5 – 5.3
<b>Chloride*</b>	103	mmol/L	98 - 108
<b>Magnesium</b>	2.1	mEq/L	1.5-2.4
<b>BUN*</b>	30	mg/dl	10-25
<b>Creatinine*</b>	1.6	mg/dl	F: 0.4-1.4/M: 0.5-1.5

## Cardiac Panel

Date	Today	Units	Reference Range
Time	Now		
<b>CK-MB</b>	6	Ng/ml	0.0 – 5.0
<b>Troponin - T</b>	2.4	ug/L	0.0 – 0.1

## Coagulation

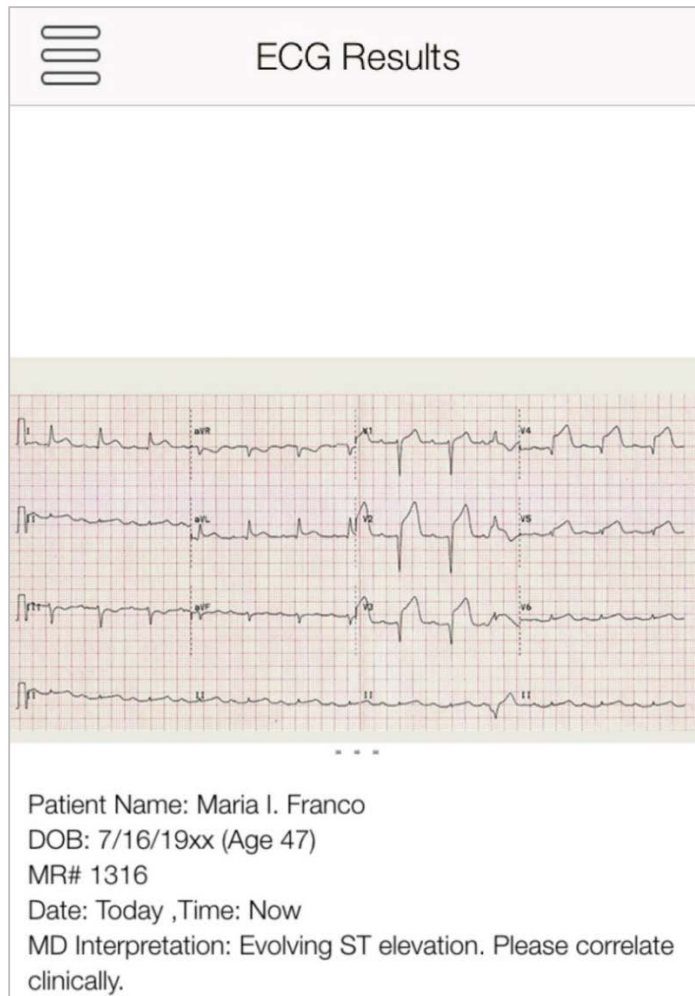
Date	Today	Units	Reference Range
Time	Now		
<b>PT</b>	12	sec	11.0 – 12.5
<b>INR</b>	1		1.0 (non-medicated)
<b>aPTT</b>	30	sec	less than 35.0

Continue >

## IMAGING

No reports available.

## ECG



NURSING | LEVEL: 2

## LEVEL UP

The iPad reads, “Option not available yet. You must at least verify the patient first, do an assessment, give appropriate medications and receive the cardiology consultation. See the orders for details.”



SCANNER

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## STATE 1

## ASSESS PATIENT &amp; IMPLEMENT ORDERS

- Patient Overview
  - Patient is in pain 9/10, slightly short of breath, slightly sweaty and moderately anxious. She is not yet aware of the results of her ECG or cardiac enzymes indicating that she is having a myocardial infarction.
- Expected Student Behaviors
  - Introduce themselves
  - Verify the patient (Scan **QR Code: Patient ID**)
  - Students should not inform patient of her condition until the provider does so (This should be role played by another student or the facilitator)
  - Obtain vital signs (may enter Vitals on iPad)
  - Complete focused cardiac assessment (Scan **QR Code: Chest** to listen to heart sounds – S4 present with picture of a blockage in the LAD)
  - Apply oxygen via nasal cannula to maintain O2 Sat >94%
  - Administer Nitroglycerin sublingually STAT (Scan **QR Code: Nitro SUBL** to verify administration of medication.)
    - Note: Patient has had 2 doses; students can administer one more dose
  - Start 0.9% NS at TKO rate (IV has already been started)
  - Administer Heparin IV medication (Scan **QR Code: Heparin IV** to view medication label and to verify administration of medication.)
    - Perform the following math calculation based on orders:
      - Ordered infusion:  $72 \times 12 = 864$  units
      - Supplied: Heparin 12,500 units in 250 ml
      - Set IV pump for 17.3 ml/hr.
  - When third dose of Nitroglycerin sublingual does not effectively relieve chest pain, students should administer Nitroglycerin IV (Scan **QR Code: Nitro IV** for IV medication label and to verify administration of medication.)

- Note: Students should administer Nitroglycerin IV in a separate IV site due to compatibility.
  - The following math calculations are required:
    - Ordered: Nitroglycerin 5 mcg/minute
    - Supplied: Nitroglycerin 50 mg in 250 ml
    - Calculate: this means Nitroglycerin is supplied as 200 mcg/ml
    - Calculate:  $5 \text{ mcg/min} \times 60 = 300 \text{ mcg/hr}$ . so set the pump for 1.5 ml/hr.
  - Every 5 minutes the dose of Nitroglycerin can be increased by 5 mcg/min up to 20 mcg/min until there is reduced chest pain or hypotension occurs (so students should increase IV pump rate by 1.5 ml/hr. every 5 minutes if indicated)
  - Students should closely monitor the blood pressure for potential hypotension. If SPB drops below 100, decrease the dose of Nitroglycerin by 5 mcg/min (direct the technician when you would like the SBP to drop so students can practice titration).
- Administered medications should be documented on a paper MAR (or your college's EMR)
- Technician Prompts
  - Patient is becoming more concerned and anxious.
  - Initial patient responses can include:
    - "It hurts above my bellow button and between my shoulder blades"
    - "I feel a little winded... I can't catch my breath."
  - After the provider notifies the patient that an MI is occurring:
    - "I'm having a heart attack?! There must be a mistake... I'm having belly pain not chest pain!"
    - "I'm too young to have a heart attack."
    - "My dad died of heart attack when he was 50. Am I going to die too?"

- After IV Nitroglycerin is started, once students titrate the dose upwards, the SBP should drop below 100 (this status will be facilitator-directed)
- Possible Facilitator Questions
  - As students prepare to administer medications:
    - What is the purpose of this medication? What are your pre-assessments? What will you monitor after administering this medication?
    - What will you assess at the IV site before administering IV medications? Why are there 2 IV sites ordered? (Answer: Nitroglycerin IV is not compatible with the other medications.)

## LEVEL UP

- QR Code: Patient ID, QR Code: Nitro SUBL, QR Code: Nitro IV, and QR Code: Heparin IV must be scanned for the Level Up to occur.
- The Level Up happens automatically after all of the above QR Codes are scanned.
  - Students see a message on the iPad that reads, “Cardiology consult complete. You have new orders to review.”
  - The “Level Up” tab automatically changes to an “Exit” tab at this time.


## STATE 2

# CARDIOLOGY CONSULT COMPLETE

- The students received a message that reads, “Cardiology consult complete. You have new orders to review.” After students review the new orders (under the “Orders” tab) and tap “Continue” on the bottom of the iPad screen, they receive a new message that reads, “Your shift has ended. Please provide your shift report to the oncoming nurse.” The tabbed iPad content now shows the cardiology consult in the “Progress Notes” tab as well as the new order, “Prepare for cardiac catheterization with probable angioplasty” in the “Orders” tab.
- Expected Student Behaviors
  - Review new orders and progress report
  - Student(s) provides shift-to-shift report in SBAR format to the facilitator or another student role-playing the part of an oncoming nurse.
- Technician Prompts
  - Patient just spoke to the cardiologist and can ask the student questions such as:
    - “Am I having a heart attack?”
    - “What is a cardiac catheterization?” (Students should answer within their RN Scope of practice)
    - “Are they going to put me to sleep for that?”
    - “Am I going to die?”
- Possible Facilitator Questions
  - What is a cardiac catheterization?
  - What is the scope of practice for an RN explaining cardiac catheterization to a patient?
  - What is an angioplasty? How will this procedure help Maria?
  - Ask the student(s) to provide shift report in SBAR format (Situation-Background-Abnormal Assessments-Recommendations) to you or another student roleplaying as another nurse.
  - Please complete survey and/or ask students to complete the survey at the end of the scenario.


- **Tabbed iPad Prompts and Content**
  - The Level Up tab automatically changes to an Exit tab when the iPad changes from State 1 to State 2.
  - When the Exit tab is tapped (students are not prompted to this), the iPad reads, “Are you sure you have completed the simulation? When you exit, all iPad progress is lost.”
    - If “No” is selected, the iPad automatically returns to the tabbed content area.
    - If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.

## ORDERS

 New Orders		
Date	Time	Order
Today	15min ago	CK-MB, Troponin, CBC, Electrolytes, BUN, Creatinine, Glucose, Magnesium, INR, PTT STAT
		12 lead ECG STAT and notify provider of results
		Chewable non-enteric coated aspirin 325 mg PO STAT
		If O2 sat < 94%, start O2 via NC at 4 L and titrate prn
		Nitroglycerine 0.4 mg Sublingually q 5 mins for 3 doses PRN for chest pain
		Famotidine 20 mg PO once for indigestion prn
		----- Dr. Bernard, M.D.
Today	10min ago	Cardiology consult STAT
		Continuous cardiac monitoring
		Activation of STEMI protocol --Dr. Bernard, M.D.
		STEMI Protocol Order Set: <ul style="list-style-type: none"> <li>• ASA 325 mg PO (four 81 chewable non-enteric coded) if not already given</li> <li>• Two peripheral IVs</li> <li>• O2 titrated to keep O2 sat &gt;94% prn</li> <li>• Nitroglycerine 0.4 mg sublingually q 5minutes for total of 3 doses; Nitroglycerine IV prn for chest pain not resolved by Nitroglycerin sublingual doses. Start at 5 mcg/min and increase by 5 mcg every 5 minutes up to 20 mcg/min until response noted.</li> <li>• Metoprolol 5mg IV every 2 minutes x 3 doses, hold if SBP &lt;100 or HR &lt;60</li> <li>• Heparin IV 60 Units/kg IV (max 4000 units) loading dose then Heparin infusion 12 U/kg/hr (max 1000 units/hour)</li> <li>• Clopidogrel 600mg PO STAT</li> </ul>
Today	Now	Prepare for cardiac catheterization with probable angioplasty STAT----- Dr. Forssmann, MD

Continue >

## PROGRESS NOTES


Progress Note

**Patient Name: Maria I. Franco**  
**DOB:07/16/19XX MR#: 1316**

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**Progress Notes**

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Date & Time	Note
Today-Now	Patient presented to ER complaining of heartburn and severe indigestion with mild dyspnea and diaphoresis. STAT ECG shows STEMI and Troponin is elevated.
Cardiologist Consult	STEMI protocol initiated. Plan: STAT Cardiac catheterization with probable angioplasty. -----Dr. Forssmann, MD.

[Continue >](#)

## EXIT

- The Level Up tab automatically changes to an Exit tab when the iPad changes from State 1 to State 2.
  - When the Exit tab is tapped (students are not prompted to this), the iPad reads, “Are you sure you have completed the simulation? When you exit, all iPad progress is lost.”
    - If “No” is selected, the iPad automatically returns to the tabbed content area.
    - If “Yes” is selected, the iPad will let the student(s) exit and prompt them to complete an embedded 3-5 minute survey.



**DEBRIEF**

Nothing needed from the iPad.

**QUESTIONS**

1. How did you feel this scenario went?
2. Review understanding of learning objective: Administer cardiac related medications safely: Nitroglycerin sublingually and IV; Aspirin; Heparin IV
  - a. Identify the mechanism of action for each these medications and how they helped Maria in this scenario
  - b. What have you learned about the administration of IV Nitroglycerin?
    - i. Titrating IV Nitroglycerin
    - ii. Important assessments when administering IV Nitroglycerin
3. Review understanding of learning objectives: Interpret cardiac-related lab results
  - a. How was Troponin used in the management of this patient with new onset chest pain?
  - b. How are Troponin and CK-MB different?
4. Review understanding of learning objective: Prioritize nursing care for a female patient with new onset chest pain
  - a. What were your priorities at the start of your shift as you implemented the STEMI protocol for Maria?
  - b. Were you able to delegate any of the orders?
  - c. Who can you use as a resource to help you complete the orders in a timely manner?
  - d. How did it go in implementing your prioritized orders? Is there anything you would have done differently?
5. Review understanding of learning objective: Communicate therapeutically with a patient experiencing an acute health care crisis
  - a. Denial is a common reaction when someone is experiencing a heart attack. What symptoms of denial did Maria demonstrate?
  - b. How did you address Maria's anxiety? Did it work? Would you do anything differently if you had a chance to "do over?"

6. Review understanding of learning objective: Report complete, accurate, and pertinent information to the health care team
  - a. As a group, create a “best response” SBAR shift to shift report for Maria.
7. Tie the scenario back to the nursing process in a large group discussion. Concept mapping can be used to facilitate discussion.
  - a. Identify 3 priority nursing problems you identified for Ms. Franco.
  - b. Create a patient centered goal for each nursing problem you identified.
  - c. Discuss focused assessments for each nursing problem.
  - d. Discuss nursing interventions for each nursing diagnosis.
  - e. Re-evaluate the simulation in terms of the nursing process; what was actually accomplished? What could be improved in the future?
8. Summary/Take away Points
  - a. “Today you cared for a female patient with atypical chest pain. What is one thing you learned from participating in this scenario that you will take with you into your nursing practice?” Ask each student to share one thing they learned from participating in this scenario that they will take with them into their nursing practice. (Each student must share something different from what the others’ share.)

Note: Debriefing technique is based on INASCL Standards for Debriefing and NLN Theory Based Debriefing by Dreifuerst.

## SURVEY

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Print this page and provide to students.

Students, please complete a brief (2-3 minute) survey regarding your experience with this ARISE simulation. There are two options:

1. Use QR Code: Survey
  - a. Note: You will need to download a QR Code reader/scanner onto your own device (smartphone or tablet). There are multiple free scanner apps available for both Android and Apple devices from the app store.
  - b. This QR Code will not work in the ARIS app.



2. Copy and paste the following survey link into your browser.
  - a. [https://ircvtc.co1.qualtrics.com/SE/?SID=SV\\_6Mwfv98ShBfRnBX](https://ircvtc.co1.qualtrics.com/SE/?SID=SV_6Mwfv98ShBfRnBX)

## CREDITS

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Medication information from National Library of Medicine: Daily Med at <http://dailymed.nlm.nih.gov/dailymed/>

ECG used from Life in the Fast Lane at [www.lifeinthefastlane.com](http://www.lifeinthefastlane.com)

Heart sounds used with permission from Thinklabs Medical, LLC, Centennial, CO at [www.thinklabs.com](http://www.thinklabs.com)

## REFERENCES

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