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Gastrointestinal: Abdominal Assessment and Labs

Instructor Information

Patient Name: Green, Kenneth

Simulation Developer(s): Griselle Del Valle Rivera, Debra A. Mosley, and LeAnn Schlamb

Scenario Purpose:

- Perform an abdominal assessment and process a lab specimen utilizing appropriate infection control measures for the patient with Hepatitis C

Learner(s):

- Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP)
- Others as desired, depending on facility protocols
- Recommend no more than 6 learners (3 of which can be observers)

Time Requirements:

- Setup: 5 minutes
- Scenario: 25 minutes
- Debrief: 25 minutes
- Reset/Breakdown: 5 minutes

Confederate(s):

- Patient (High Fidelity or ALS Mannequin)
- Dr. Santana- via telephone

Scenario Prologue:

- Inpatient: Sixty-five (65) year-old male with a history of Hepatitis C presents with complaints of abdominal discomfort (3/10 scale) for three (3) days and unintentional twenty (20) pound weight loss. He has a history of alcohol (ETOH) abuse and has been refusing to take his medication. He was admitted with ascites, weight loss, and malnutrition.
- **The simulation begins when the learners are receiving report from the nurse**

Patient information:

- **General:** Alert and oriented
- **Weight/Height:** 77.27kg (170lbs) 190.5cm (75in)
- **Vital Signs:** BP 110/72, Temp 97.6, HR 92, RR 26, O2 Sat 94%
- **Pain:** 3/10 generalized abdominal pain
- **Neurological:** Unremarkable
- **Respiratory:** Clear but tachypneic
- **Cardiac:** Unremarkable
- **Gastrointestinal:** Firm, round, and distended
- **Genitourinary:** Unremarkable
- **Musculoskeletal:** Generalized weakness
- **Skin:** Unremarkable
- **Past Medical History:** Hepatitis C, alcohol (ETOH) abuse, and benign prostatic hypertrophy (BPH)
- **Past Surgical History:** Transurethral resection of the prostate (TURP)

Medications:

- Ledispavir
90mg/Sofosbuvir 400mg
daily

Allergies:

- Penicillin

- Green Text Confederate
- Red Text Physiology Change

Learning Objectives

Patient Name: Kenneth Green

Simulation Developer(s): Griselle Del Valle Rivera, Debra A. Mosley, and LeAnn Schlamb

Scenario Purpose:

- Perform an abdominal assessment and process a lab specimen utilizing appropriate infection control measures for the patient with Hepatitis C

Pre-Session Activities:

- Complete pertinent training on managing care for the patient with Hepatitis C, obtaining and handling lab specimens
- Review policies and protocols on managing care for the patient with Hepatitis C, obtaining and handling lab specimens

Potential Systems Explored:

- What facility specific protocols exist to ensure the proper use of personal protective equipment (PPE)?
- What facility specific processes are in place to ensure the proper handling of specimens?
- What assessment findings and complications are important to consider when caring for the patient with Hepatitis C?

Scenario Specific Learning Objectives (Knowledge, Skills, and Attitudes = K/S/A):

**The learner(s) will demonstrate ICARE principles throughout the scenario.

Learning Objective 1: Demonstrate appropriate infection control measures when caring for the patient with Hepatitis C

- a. *S- Utilize appropriate personal protective equipment (PPE) when performing tasks that pose a potential risk of transmission of Hepatitis C per facility policy*

Learning Objective 2: Perform a focused abdominal assessment

- a. *S- Demonstrate a focused abdominal assessment utilizing the appropriate order for the steps by 1. Inspection, 2. Auscultation, 3. Palpation (if no pulsation is noted), and Percussion (if indicated per policy)*
- b. *K- Correlate assessment findings with ascites related to Hepatitis C (low albumin level and ascites)*

Learning Objective 3: Demonstrate appropriate steps required to obtain and handle lab specimens

- a. *S- Confirm the patient's identity using at least two patient identifiers or per facility protocol*
- b. *S- Collect the specimen ordered in appropriate container*
- c. *S- Label the specimen in the presence of the patient or per facility policy*
- d. *S- Perform the appropriate packaging of the specimen per facility policy*
- e. *S- Facilitate the delivery of the specimen to the appropriate location per facility policy*

Learning Objective 4: Communicate effectively when performing an abdominal assessment and obtaining lab specimens for the patient with hepatitis C

- a. *S- Perform patient education*
- b. *S- Complete and ensure documentation is complete per protocol*

Debriefing Overview:

- Ask the learner(s) how they feel after the scenario
- Have the learner(s) provide a summary of the scenario from a healthcare provider/clinical reasoning point of view
- Discuss the scenario and ask the learners what the main issues were from their perspective
- Ask what was managed well and why.
- Ask what they would want to change and why.

- For areas requiring direct feedback, provide relevant knowledge by stating “I noticed you [*behavior*]...” Suggest the behavior they might want to portray next time and provide a rationale. “Can you share with us?”
- Indicate closing of the debriefing but provide learners with an opportunity to voice one or two take-aways that will help them in future practice
- Lastly, ask for any outstanding issues before closing the debrief

Critical Actions/Debriefing Points:

1. Identify self
2. Identify the patient
3. Perform patient education
4. Perform hand hygiene
5. Put on gloves
6. Utilize abdominal assessment technique and sequence per facility policy
7. Correlate ascites with liver disease and malnutrition
8. Verify orders
9. Identify patient using at least two identifiers
10. Verify the specimen is from the patient
11. Label specimens in the presence of the patient
12. Package the specimen per facility policy
13. Ensure specimens are sent to the lab
14. Remove gloves
15. Perform hand hygiene
16. Complete pertinent documentation

Simulation Set-Up

Patient Name: Kenneth Green

(High Fidelity/ALS Mannequin)

Simulation Developer(s): Griselle Del Valle Rivera, Debra A. Mosley, LeAnn Schlamb

Room Set-up:

- Set up like a hospital patient room or outpatient exam room

Room Set-up:

- Set up like an inpatient room
- The patient will be wearing a gown
- The abdomen is large and round with significant ascites (See below on how to simulate ascites)

Patient Preparation:

- Inpatient: Gown
- See ascites directions below
- Monitoring Device 3 Wave form
 - ECG Sinus rhythm, O2 Sat 94%, BP 110/72, Temp 97.6, HR 92, RR 22

Have the following equipment/supplies available:

- Stethoscope
- Measuring tape
- Gloves
- Hand sanitizer
- Urine specimen container
- Biohazard bag for specimen
- Telephone
- Facility protocol for obtaining labs (Laminate)
- Bedside table

Note: 5.8 Simpad software update is required to load scenarios

(<http://cdn.laerdal.com/downloads/f4343/simpad-upgrade.vs2>)

Scenarios may be used with Laerdal or LLEAP software.

Scenario Supplements:

- Patient identification band
- Orders
- Specimen Labels
- ZZ test patient/Demo patient in CPRS (if desired)

How to Simulate Ascites

Step 1. Fill some type of sealable plastic bag with water and a pocket of air



Step 2. Open the mannequin and place a layer of foam (1/2" or so) over the abdomen



Step 3. Place the fluid filled bag on top of the foam and close the skin over the mannequin. Make VERY sure the bag is sealed tightly and that it doesn't open when zipping the skin back up.



Flowchart

Initial State:

- Mental Status: Alert and oriented
- SpO2: 94%
- BP: 110/72
- HR: 92
- RR: 26
- Lungs: Clear
- ECG: Sinus rhythm
- Eyes: Open
- Pain level: 3/10 Abdominal discomfort
- Abdomen: Ascites

Sixty-five (65) year-old male with a history of Hepatitis C presents with complaints of abdominal discomfort (3/10 scale) for three (3) days and unintentional twenty (20) pound weight loss. The patient was diagnosed with ascites, weight loss, and malnutrition. He has a history of alcohol (ETOH) abuse.



- Identifies self
- Identifies the patient
- Performs patient education
- Performs hand hygiene
- Puts on gloves
- Utilizes abdominal assessment technique and sequence per facility policy
- Recognizes ascites
- Correlates ascites with liver disease (Hepatitis C) and malnutrition
- The phone will ring
- Dr. Santana states "I just entered some orders on Mr. Green."



****Did not ... ****

- Put on gloves...
- The patient states "I remember when they wore gloves for that. Times have changed."

****Did not ... ****

- Verify orders...
- Dr. Santana calls and states "Can you make sure the orders are entered properly? I am still learning this system."
- Perform patient education...
- Patient becomes anxious and states "I am here because my abdomen is hurting. Why do you need a urine specimen?"
- Identify patient/label specimen...
- Patient will refer to the specimen and ask "Where did that come from?"

- Verifies orders per facility protocol
- Performs hand hygiene
- Puts on gloves
- Identifies the patient using at least two identifiers per facility protocol
- Verifies the specimen is from the patient
- Labels the specimen in the presence of the patient
- Packages the specimen per facility policy
- Ensures it is sent to the lab
- Removes gloves
- Performs hand hygiene
- Completes facility specific documentation

Critical Actions/Debriefing Points:

- Identify self
- Identify the patient
- Perform patient education
- Perform hand hygiene
- Put on gloves
- Utilize abdominal assessment technique and sequence per facility policy
- Correlate ascites with liver disease and malnutrition
- Verify orders
- Identify patient using at least two identifiers
- Verify the specimen is from the patient
- Label specimens in the presence of the patient
- Package the specimen per facility policy
- Ensure specimens are sent to the lab
- Remove gloves
- Perform hand hygiene
- Complete pertinent documentation



Confederate



Change in physiology



Red border incorrect action

Supplements

Confederate Scripts
Confederate Name Tags
Patient Identification Band
Nurses Notes
Orders
Lab Specimen Label

Confederate Scripts

Dr. Santana- via telephone

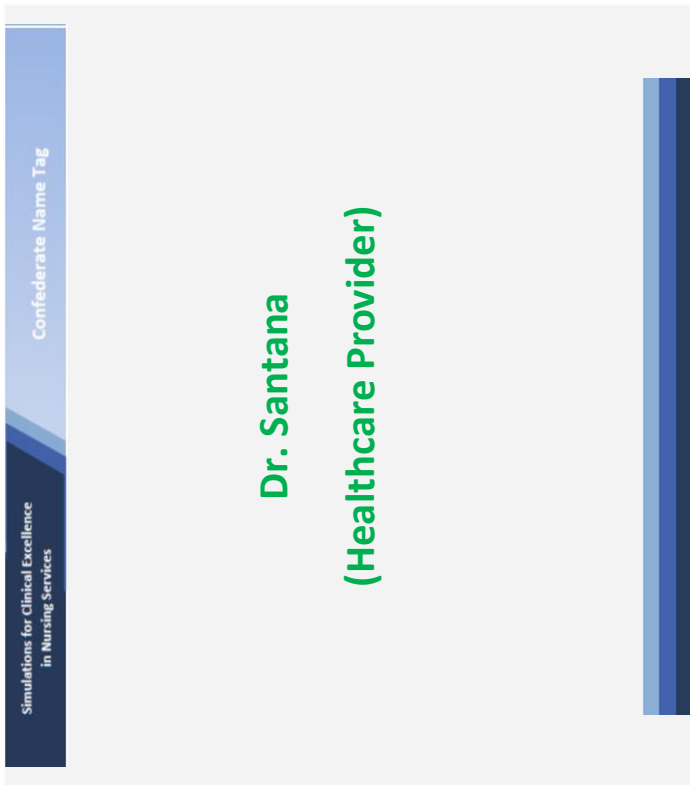
- The phone will ring
 - Dr. Santana states “I entered some orders for Mr. Green”
 - If the learner does not verify the orders, Dr. Santana calls and states “Can you make sure I entered the orders properly? I am still learning this system.”
-

Kenneth Green: Patient (ALS or High Fidelity Mannequin)

- **Medical/Surgical History:** Benign prostatic Hypertrophy, alcohol (ETOH) abuse and non-compliance, and transurethral resection of the prostate. He presented with abdominal discomfort (3/10 scale) for three (3) days and unintentional twenty (20) pound weight loss.
- **Meds:** Ledispavir 90mg/Sofosbuvir 400mg daily (has not been taking his medication)
- **Allergies:** Penicillin

- The learner(s) will put on gloves and perform and abdominal assessment
- The phone will ring
- Dr. Santana states “I entered some orders for Mr. Green”
- If the learner(s) do not put on gloves, the patient states “I remember when they wore gloves for that. Times have changed.”
- If the learner(s) do not verify orders, Dr. Santana calls and states “Can you make sure the orders are entered properly? I am still learning this system.”
- If the learner(s) do not perform patient education, the patient becomes anxious and states “I am here because my abdomen is hurting. Why do you need a urine specimen?”
- If the learner(s) do not identify patient/label specimen, the patient will refer to the specimen and ask “Where did that come from?”

Confederate Name Tags



Patient Identification Band

Patient Identification Band

Green, Kenneth	Dr. M. Santana
Age: 65	Allergic: Penicillin
000-00-0000	

Nurses Notes

Date: Today

Patient Name: Kenneth Green

Mode of Arrival: Personally owned vehicle

Accompanied by: Self

Insert picture of patient
here

Chief Complaint: Abdominal discomfort (3/10 scale) for three (3) days and unintentional twenty (20) pound weight loss

Active Problems: Hepatitis C, alcohol (ETOH) abuse, and non-compliance

Patient information:

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- **Pain:** 3/10 generalized abdominal pain
- **Neurological:** Unremarkable
- **Cardiac:** Sinus Rhythm
- **Respiratory:** Tachypneic
- **Genitourinary:** The patient verbalizes decreased frequency
- **Gastrointestinal:** Firm, round, and distended
- **Musculoskeletal:** Generalized weakness
- **Skin:** Pale
- **Past Medical History:** Hepatitis C, alcohol (ETOH) abuse, and benign prostatic hypertrophy (BPH), and refusal to take medication
- **Past Surgical History:** Transurethral resection of the prostate (TURP)

Medications:

- Elbasvir 50mg/grazoprevir 400mg daily

Allergies:

- Penicillin

SCREEN FOR ABUSE/NEGLECT: N/A

Does the patient show any evidence of abuse? No

Does the patient feel safe in his/her current living arrangements? Yes

Suicidal or Homicidal Ideation in the past two weeks? No

Is the patient currently enrolled in primary care? Yes

Diagnostic Procedures Ordered:

- () X-Ray
- () Labs
- () None
- () EKG
- () Head CT without contrast
- () Other

Triage Classification: Emergency Severity Index

Patient Disposition: Medical-Surgical Unit

Signed by: /DM/

Lab Specimen Label

Complete Urinalysis

Green, Kenneth
SS# 000-00-0000

Date/Time/Initials: _____ / _____ / _____

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- Montalvo, I. (2007). The National Database of Nursing Quality Indicators (NDNQI). *OJIN: The Online Journal of Issues in Nursing*, 12(3), Manuscript 2.
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