SIMULATION LAB

Case Study

PATIENT INFORMATION PAGE			
PATIENT INITIALS	**AGE**		**SEX**
			M **F**
DATE OF CASE STUDY	**DAYS IN CARE FACILITIY**		

ALLERGIES: *(Need Drug Card for every allergy)*

ADMITTING MEDICAL DIAGNOSIS (Impression –bottom of H&P)**:**

MINI HISTORY FOR ADMISSION TO PRESENT FACILITY:

LIST OF CURRENT DIAGNOSIS/DISEASE PROCESS (Impression at the bottom of H&P) *(Need Diagnosis/Disease Process Page for each below)*	**PAST MEDICAL HISTORY** (Medical History on H&P) *(Need Diagnosis/Disease Process Page for each below)*

LIST OF ALL MEDICATIONS & DOSAGE
(Need Drug Cards for all medications listed below including IV Fluids)

Hospital Medications *		**Home Medications**
(listed on Doctors orders & MAR)		(see H&P)
Medication Name	**Dosage**	**Medication Name**

BRIEFLY WHAT DID YOU LEARN ABOUT THE PATIENT FROM ALL OF THE ABOVE INFORMATION?

*All meds listed on the MAR should be on the **Drug Quick Reference Sheet** as well
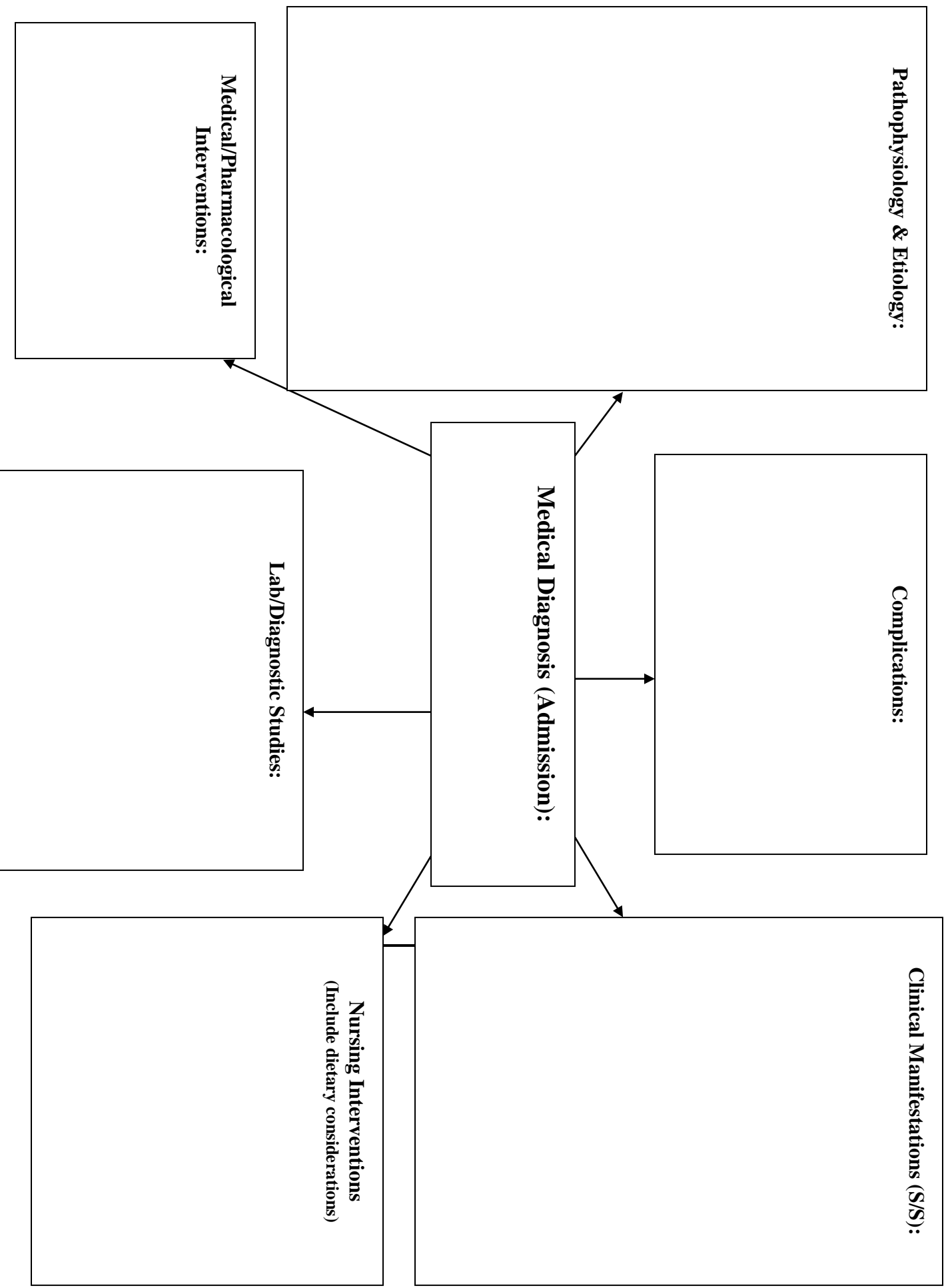
Pathophysiology & Etiology:

Medical/Pharmacological Interventions:

Medical Diagnosis (Admission):

Complications:

Lab/Diagnostic Studies:

Clinical Manifestations (S/S):

Nursing Interventions
(Include dietary considerations)

DIAGNOSIS/DISEASE PROCESS PAGE

FILL OUT THIS PAGE FOR **EVERY DIAGNOSIS/DISEASE PROCESS** YOUR PATIENT HAS ON THEIR CHART.

DIAGNOSIS /DISEASE PROCESS:

PATHOPHYSIOLOGY (WHAT WENT WRONG WITH THEIR PHYSIOLOGY TO CAUSE THIS DISEASE)**:**

MEDICATIONS ASSOCIATED WITH THIS DIAGNOSIS:

MEDICATION NAME BRAND/GENERIC	MEDICATION CLASSIFICATION	DOSAGE	NRSG CONSIDERATIONS (CHECK BEFORE GIVING)	HOW DOES MED WORK FOR THIS DIAGNOSIS

WHAT SYMPTOMS OR ASSESSMENT ISSUES MIGHT BE POSSIBLE BECAUSE OF THIS DIAGNOSIS/DISEASE PROCESS:	DID YOU PATIENT HAVE THIS ISSUE?

WHAT IS YOUR PATIENT AT RISK FOR DUE TO THIS DIAGNOSIS/DISEASE PROCESS?

*INSERT ADDITIONAL PAGES FOR EACH DIAGNOSIS/DISEASE PROCESS

Laboratory Test	Normal Range (listed on labs)	Patient Range			Which patient med/s affects this lab (whether lab is normal or abnormal)	Do you need to notify the doctor?	
HEMATOLOGY							
		Date: ____	Date: ____	Date: ____			
WBC						Y	N
RBC						Y	N
Hgb						Y	N
Hct						Y	N
RDW						Y	N
MCV						Y	N
MCH						Y	N
MCHC						Y	N
Platelets						Y	N
BLOOD STUDIES						Y	N
PT						Y	N
INR						Y	N
PTT						Y	N
CHEMISTRY						Y	N
Sodium						Y	N
Potassium						Y	N
CO2						Y	N
Chloride						Y	N
Glucose						Y	N
Calcium						Y	N
BUN						Y	N
Creatinine						Y	N
Albumin						Y	N
Total Protein						Y	N
ALP						Y	N
SGPT ALT						Y	N
SGOT AST						Y	N
Total Bilirubin						Y	N
Magnesium						Y	N

URINALYSIS							
Appearance						**Y**	**N**
Specific Gravity						**Y**	**N**
Ph						**Y**	**N**
Protein						**Y**	**N**
Glucose						**Y**	**N**
Ketones						**Y**	**N**
Bilirubin						**Y**	**N**
Occult Blood						**Y**	**N**
WBC esterase						**Y**	**N**
Crystals						**Y**	**N**
RBC						**Y**	**N**
Renal Epithelial cells						**Y**	**N**
Squamous epithelial cells						**Y**	**N**
Casts						**Y**	**N**
Bacteria						**Y**	**N**
Yeast						**Y**	**N**
Other Laboratory Values							
						Y	**N**
						Y	**N**
						Y	**N**
						Y	**N**
						Y	**N**
						Y	**N**
						Y	**N**
						Y	**N**
						Y	**N**
						Y	**N**

DIAGNOSTIC TESTS AND TREATMENTS

Did the patient have any additional test (ex. Xray, Scans, Doppler, etc) or treatments (ex. Chemo, stent placement, etc.) listed in the H&P or on their electronic chart?

☐ **YES**   ☐ **NO**

If yes, please list below:

MEDICATIONS:
(Any medications **not** listed on a Diagnosis/Disease **Page)**

Name (include Brand & generic)	**Classification**	**Dosage**	**Nursing Considerations**	**Side effects**