

Patient Name: Peter DeLuca

Diagnosis: Stroke

Student Guide

Lab rules

General Rules of the Simulated Clinical Learning Environment

1. Students will be issued with nametags at the commencement of the learning activity. These should be worn at all times.
2. Students participating in a simulation scenario must wear their clinical uniform.
3. Students are not to bring food or drink into the simulation laboratories.
4. To prevent tripping hazards, all bags and coats must be stored in the bag racks/lockers provided.
5. For your safety we recommend that you wear protective clothing (lab coat, gown, goggles, mask and/or gloves) relevant to the task being undertaken.
6. Wash your hands upon entering and leaving the simulation laboratories.
7. Immediately report any injury or near miss to a member of staff.
8. In the event of damage to or malfunction of equipment, immediately stop using it and advise staff.
9. Do not remove equipment or models from the laboratories without prior approval of staff.
10. Be considerate: keep noise to a minimum, as there is often more than one group working in the labs.
11. Consult staff about any lost or found property.
12. Any deliberate damage, defacing or theft of University property must be dealt with as outlined in the Incident Reporting and Investigation policy; <http://policy.unimelb.edu.au/UOM0364>
13. You may be asked to leave the laboratories if your behaviour is inappropriate.
14. Mobile phones must be placed on silent and conversations with external parties during laboratory lessons are to be avoided.
15. If you are unsure of something, please ask staff.

Dress Code

An appropriate code of dress applies to the simulated clinical learning environment. This is to encourage students to reflect upon their own professional image, practice the implementation of Infection Control principles and Occupational Health and Safety (OH&S) standards as well as facilitating best nursing practice.

- **Shoes** must be clean and in good repair, sensible, flat-soled and comfortable shoes are encouraged to promote safety and prevent trauma. For Occupational Health and Safety reasons, open toed or slip-on backless (open back) shoes are not considered suitable.
- **Jewellery** is plain and restricted to minimum usage.

The following items of jewellery are permitted:

- Wrist or fob watch
- Wedding ring
- Stud earrings may be worn – for Occupational Health and Safety reasons earrings of any other description are not permitted.

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- Facial rings are not permitted for Occupational Health and Safety reasons. If necessary they may be replaced by studs.
- Nail rings are not permitted

- **Nails** are to be kept short (less than $\frac{1}{4}$ cm), natural fingernails with fresh clear nail polish or none at all. Please note that artificial / acrylic nails harbor pathogens, especially gram-negative bacilli and yeasts and are not suitable for clinical nursing practice.
- **Hair** is clean, neat and tidy. Hair should be kept off the face and secured as to not interfere with patient care procedures. To facilitate this, hair should be tied back once it is collar-length. Hair accessories should be plain / neutral and in keeping with a professional image.

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Overview

Target Audience: 2nd year students from Nursing Science, Physiotherapy, Speech Pathology, and Social Work students.

Estimated pre briefing time: 45 minutes

Estimated simulation time: 60 minutes

Estimated debriefing time: 45 minutes

Setting: Rehabilitation

Simulation method: Standardised Patient

Brief summary of scenario

Stroke is the second biggest killer in Australia and a leading cause of disability.

Stroke occurs when a blood vessel in the brain is suddenly becomes blocked or bleeds. As a result, varying degrees of brain function may be lost and activities such as movement, thinking and communication may be impaired (Source: AIHW 2012)

The risk of being affected by stroke increases significantly with age, male gender, smoking, hypertension (high blood pressure), and having a family history of stroke.

Stroke has been an Australian National Health Priority since 1996, and the implementation of a comprehensive stroke strategy has still not been developed to this date (Source: Stroke Foundations Australia 2013).

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Learning objectives

Interprofessional

- ☐ **Interpersonal and Communication Skills:** Consistently communicates sensitively in a responsive and responsible manner demonstrating the interpersonal skills necessary for Interprofessional collaboration
- ☐ **Patient-Centred and/or Family-Focused Care:** Through working with others negotiates and provides optimal integrated care by being respectful of and responsive to patient/client and/or family perspectives, needs and values
- ☐ **Collaborative Decision Making:** Establishes and maintains effective and health working partnerships with other professionals whether or not a formalised team exists
- ☐ **Roles and Responsibilities:** Consults, seeks advice and confers with other team members based on a clear understanding of everyone's capabilities, expertise and culture
- ☐ **Team Functioning:** Uses team building skills to negotiate, manage conflict, mediate between different interests and facilitate building of partnerships within a formalised team setting

(Source: The British Columbia Competency Framework for Interprofessional Collaboration, 2008)

Discipline Specific – Nursing

- ☐ Conduct an ISBAR handover

Discipline Specific - Speech Pathology

- ☐ To conduct a brief speech and language assessment

Discipline Specific - Physiotherapy

- ☐ **Discipline Specific – Social Work**
- ☐ To conduct a psychosocial assessment of the patient

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Patient story

This case presents a middle aged male who has suffered a stroke, which is affecting his movement and communication. Following one week acute hospital admission, he was transferred to a rehabilitation centre to allow him the opportunity to receive an optimal level of recovery. The scenario focuses on the patient's physical status, communicative abilities and psychosocial wellbeing. Students from Nursing, Physiotherapy, Speech Pathology and Social Work will work collaboratively to assess the patient and prioritise his health care needs. The ultimate aim will be for students to implement an Interprofessional approach in delivering evidence based health care to the stroke patient, while each discipline adheres to their own scope of practice. The 48 year male patient will be transferred from the Daily Acute Hospital, where he has been a patient for the last seven days recovering from his left middle cerebral artery infarct. The Interprofessional team is currently working towards a multidisciplinary approach for assessment and goal setting for this patient.

<http://strokefoundation.com.au/fight-stroke/join-fight/> National Stroke foundation Australia

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Patient Information

Mr De Luca is a 48 year old male; one week post left middle cerebral artery infarct. Mr DeLuca's residual effects include mild right sided hemiplegia, with mild aphasia, which seem to be causing Mr. De Luca, some distress. Mr DeLuca's progress has been excellent over the last few days while in hospital; however he still requires assistance with his mobilisation, his communication and his psychosocial well being- the extent of Mr Luca's mobility needs will be assessed by the physio team, Speech Pathology will conduct brief speech and language assessment, and social work will conduct an assessment when Mr. De Luca arrives at the rehabilitation centre.

The Interprofessional Rehabilitation team has read the brief patient notes faxed to the ward earlier this morning and are in discussion about Mr. De Luca. The rehab team is aware that Mr. De Luca is currently taking the following **MEDICATIONS:** Warfarin sodium 3mg daily Perindopril 5mg daily, Atorvastatin 20mg daily Metformin hydrochloride 500mg TDS, Digoxin 0.5mg daily Salbutamol Sulphate x 2 Enoxaparin sodium 60mg SC daily Allergies – NIL STATED. Mr De Luca has T.E.D Stockings Insitu. The Inter professional team is also aware of the following:

Mr. De Luca's Previous Medical Hx. BMI 22, Hypertension, Atrial Fibrillation, Type two Diabetes, **Mr. DeLuca's Family History:** Type Two Diabetes, Renal Failure, and Cardiovascular Disease.

Prior to the stroke Mr De Luca smoked 30 cigarettes a day and has done so for the past 30 years. Mr. De Luca is trying very hard to give up smoking and has cut down to 5 cigarettes per day, with his goal being to cease smoking altogether by the end of next month.

Prior to the stroke Mr. De Luca also had 2-4 standard drinks each night to help him relax, he has not had any alcohol since having his stroke and has stated he is not going to bother with alcohol again, as he is scared it may cause another stroke.

Mrs De Luca stated that at times Peter, is not real good at managing his medications and often misses them or takes them late.

Mr DeLuca can communicate verbally however he has mild word finding difficulty and problems formulating sentences. Mr. De Luca wants to converse with family and staff. When he can't find the words he uses gestures and attempts to write with his left hand and this is very frustrating for him.

Mr. De Luca is also aware that he is going to have issues with his mobility and is worried how he will cope when he finally makes it home. Mr. De Luca really wants to make a positive change to his health – he really wants to get back to work and continue earning a wage.

Mr De Luca is married to Belle and they have known each other since they attended high school at the Worawa College in Healesville; they are childhood sweet hearts.

Mr De Luca and Bella married 28 years ago.

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They have lived in their heavily mortgaged three bedroom home at Healesville, Victoria for 10 years.

Together they have 3 teenage children at home: Rose 19 is at university, Aaron 15 is in year 11 at a private school, & Lily 13 is in year 9 at a private school. Other close family members live nearby in surrounding suburbs of Melbourne city.

Mr DeLuca has worked at the local saw mill as a full time casual for the past 10 years as a laborer and Belle works at the Swinburne TAFE as an administration support person.

Both Mr De Luca and Bella are active members of the Healesville Community, attending community functions and sporting events with their children.

The family state that Mr De Luca feels overwhelmed with what has happened to him, but more importantly he seems be deeply worried about the financial impact his situation will have on his wife and children .Mr. DeLuca's concern of financial burden, loss of his income, paired with the potential overall cost of his treatment, and all his expensive medications, physiotherapy, and hospital accounts etc. Belle has described that money is sparse even when Peter is working – they are all worried about how they will cope if they don't have Peter's wages coming in anymore.

Mr DeLuca has been informed his rehabilitation will commence immediately upon his arrival at the rehabilitation facility.

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Patient Admission Form

Surname De Luca		URN 171717	
Given Name Peter		DOB 07/03/1965	
Sex MALE		Country of Birth AUSTRALIA	
Spoken Language ENGLISH		Ab or TSI Status NA	
Religion NOT STATED		Marital Status MARRIED	
Residential Address: 2 BUTTERCUP LANE		Suburb HEALSEVILLE VICTORIA	
Postcode 3000		Contact Telephone 0309562587	
Medicare Number 40396512548	Medicare Expiry 03/2022	Pension Number N/A	
Insurance Fund N/A	Insurance Plan N/A	Insurance Number N/A	
NOK/ Contact Person			
NOK Name BELLE DE LUCA		Address 2 BUTTERCUP LANE	
NOK Phone 0309562587		Relationship WIFE	
GP Details			
Name JJONES		Address 200 BERKELEY ST	
Suburb CARLTON		Postcode 3010	
Ph number 03 96458754		Fax Number 03 96458754	
Admission Details		LEFT MIDDLE CEREBRAL INFARCT	
Presenting Problem		Admitting Unit; Rehab North	

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Transfer Letter

First Name **Peter** Surname **De
Luca**

Sex MALE 07/03/1965 ENGLISH

**2 BUTTERCUP LANE HEALSEVILLE
VICTORIA 3000 UR171717**

15/06/2013	Dear Doctor Jones
12:30	Thank you for accepting Mr Peter De Luca, a 48 year old married man. He is 7 days post Left Middle Cerebral Infarct. He has responded well to medications and acute treatment and is currently stable. Mr De Luca has made outstanding progress however he now requires rehabilitation, to enable the Best possible outcomes. It is evident in Mr De Luca's progress that his long term prospects will Be fully optimised with the support and specialised care your facility offers.
	Previous Medical Hx: Hypertension, Atrial Fibrillation, Type II Diabetes
	Family History: Type 2 Diabetes, Renal Failure, and Cardiovascular disease.
	GCS: 15 alert
	Respiratory: stable and saturating at 97% Room Air
	Gastrointestinal BNO day 1- needs encouragement to drink more fluids. Normal Diet
	Renal: voiding well N.A.D.
	Medications: Warfarin 3mg daily; Perindopril 5mg, Atorvastatin 20mg daily, Metformin 500mg TDS, Digoxin 0.5mg daily, Salbutamol x2, Enoxaparin sodium 60 mg Daily,
	Integument and musculoskeletal: Reddened Buttocks skin intact
	Social: Mr DeLuca is married to Belle and they have 3 teenage children. Mrs De Luca will contact the Rehab team later tonight after she returns from taking the children to their music lessons, to ensure Mr De Luca Has settled in well there at the Rehabilitation Centre.
	Activities of Daily Living: Mr DeLuca has been able to mobilise 1x assist however he is experiencing minor problems with walking and at times his balance.
	Discharge Planning- to be discussed by the rehab team.

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	Clinical Observations. BP 128/84; Pulse 90; Temp 36.9, Saturation 97% room air. BGL 7.1
	Mr De Luca's type 2 diabetes is stable and well controlled.
	Social work referral has been made on behalf of the client and they will meet Mr Deluca at the Rehab facility for assessment. Mr De Luca was agreeable to Social Work being contacted. A referral to Speech Pathology has also been organised as Mr DeLuca has mild Aphasia which will require further assessment.
	Thank you once again for accepting Mr Deluca
	Yours Sincerely
	Dr John Baker
	Daily Acute Hospital, Victoria 3000
	Mob: 0062583000

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Operation Notes

First Name **Peter** Surname **De Luca**
 Sex **MALE** 07/03/1965 **ENGLISH**
2 BUTTERCUP LANE HEALSEVILLE VICTORIA
3000 UR171717

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Medication Chart

First Name **Peter** Surname
De Luca
Sex MALE 07/03/1 ENGLISH
965
**2 BUTTERCUP LANE HEALSEVILLE
VICTORIA 3000**

Date 15/03/2013	Medication (Print Generic Name) Warfarin	Date															
Route 0	Dose 3mg Hourly frequency daily	Time 08.00															
Indication	Pharmacy	Dose Route															
Prescriber signature 15/03/2013	Print your name Dr J Jones	Sign															
Date 15/03/2012	Medication (Print Generic Name) Perindopril 5mg	Date 08.00															
Route 0	Dose 5mg Hourly frequency DAILY	Time															
Indication	Pharmacy	Dose Route															
Prescriber signature 15/03/2013	Print your name Dr J Jones	Sign															
Date 15/03/2013	Medication (Print Generic Name) Atorvastatin 20mg daily	Date															
Route 0	Dose Hourly frequency	Time 08.00															
Indication	Pharmacy	Dose Route															
Prescriber signature 15/03/2013	Print your name Dr J Jones	Sign															
Date 15/03/2013	Medication (Print Generic Name) Metformin hydrochloride 500mg TDS	Date															
Route 0	Dose Hourly frequency	Time 08.00 20.00															

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Indication		Pharmacy	Dose												
			Route												
Prescriber signature <i>15/03/2013</i>		Print your name <i>Dr J Jones</i>	Sign												
Date <i>15/03/2013</i>	Medication (Print Generic Name) <i>Digoxin 0.5mg daily</i>		Date												
Route <i>0</i>	Dose	Hourly frequency	Time <i>08.00</i>												
Indication		Pharmacy	Dose												
			Route												
Prescriber signature <i>15/03/2013</i>		Print your name <i>Dr J Jones</i>	Sign												
Date <i>15/03/2013</i>	Medication (Print Generic Name) <i>Salbutamol Sulphate tds</i>		Date												
Route <i>PUFFER</i>	Dose <i>prn</i>	Hourly frequency	Time <i>08.00 20.00</i>												
Indication		Pharmacy	Dose												
			Route												
Prescriber signature <i>15/03/2013</i>		Print your name <i>Dr J Jones</i>	Sign												
Date <i>15/03/2013</i>	Medication (Print Generic Name) <i>Enoxaparin sodium 60 mg Daily,</i>		Date <i>20.00</i>												
Route <i>S/C</i>	Dose	Hourly frequency	Time												
Indication		Pharmacy	Dose												
			Route												
Prescriber signature <i>15/03/2013</i>		Print your name <i>Dr J Jones</i>	Sign												

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ISBAR HANDOVER TOOL

I Identify	<ul style="list-style-type: none"> ➤ Yourself: <ul style="list-style-type: none"> <input type="checkbox"/> name, <input type="checkbox"/> position, <input type="checkbox"/> location ➤ Receiver: Confirm who you are talking to ➤ Patient: name, age, sex, location
S Situation	<ul style="list-style-type: none"> ➤ State purpose "The reason I am calling is....." ➤ If urgent – SAY SO, Make it clear from the start ➤ May represent a summary of Assessment and Requirement
B Background	<ul style="list-style-type: none"> ➤ Tell the story ➤ Relevant information only: <ul style="list-style-type: none"> <input type="checkbox"/> history, <input type="checkbox"/> examination, <input type="checkbox"/> test results, <input type="checkbox"/> management ➤ If urgent: Relevant vital signs, current management
A Assessment	<ul style="list-style-type: none"> ➤ State what you think is going on, your interpretation ➤ Use ABCDE approach <ul style="list-style-type: none"> <input type="checkbox"/> Airway <input type="checkbox"/> Breathing <input type="checkbox"/> Circulation <input type="checkbox"/> Disability <input type="checkbox"/> Exposure ➤ State any interventions e.g applied oxygen
R Requirement	<ul style="list-style-type: none"> ➤ What you want from them – BE CLEAR ➤ State your request or requirement <ul style="list-style-type: none"> <input type="checkbox"/> Urgent review (state time frame) <input type="checkbox"/> Give approval / recommendation for further course of action while awaiting attendance eg. ECG, bloods <input type="checkbox"/> Give opinion on appropriate management

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Resources

Moser, D. & Riegel, B. (2008). *Cardiac Nursing: A companion to Braunwald's Heart Disease*. St Louis: Saunders Elsevier.

National Stroke Foundation, Clinical Guidelines for Stroke Management (2010). Accessed at:
http://strokefoundation.com.au/site/media/clinical_guidelines_stroke_management_2010_interactive.pdf

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