

Montgomery College Nursing Simulation Scenario Library

Scenario File: Eating Disorder

Discipline: Psych MH

Student Level: interm./advanced

Expected Simulation Run Time: 10 min. **Guided Reflection Time:** 20 min.

<p>Admission Date: Today's Date:</p> <p>Brief Description: Name: Joyce Gender: Female Age: 27 Race: Asian American Weight: 130 lbs Height: 5'.5" cm</p> <p>Religion: Buddhist Major Support: Boyfriend of 3 years-Austin Phone: Allergies: cephalosporins Immunizations: Up to date</p> <p>Attending Physician/Team: :Nurse/nurse practitioner:</p> <p>Past Medical History: J is a 27 year old IT professional with fulltime job. She lives alone in a condo in downtown Silver Spring which she purchased 1 year ago. J started disordered eating in high school, at first to control her weight, and then the behavior became a form of coping with stress especially with academic and interpersonal concerns. She sought therapy for bulimia while in college, and was helped by short-term cognitive behavior therapy. She did not engage in bingeing and purging for over 2 years after college, but in the past year as occupational and relationship stress increased, she relapsed into the bingeing and purging several times a month.</p> <p>History of Present illness: Boyfriend found her passed out in bathroom of her apartment; toilet bowl was splattered with blood stained vomit. He called 911 when J appeared</p>	<p>Psychomotor Skills Required Prior to Simulation Observation of patients body language, facial expressions, synchrony between verbal and non verbal behavior.</p> <p>Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]</p> <p>Nursing Diagnosis:</p> <p>Collaborative Problems:</p>
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disoriented and continued to heave and complain of upper GI distress.

Joyce reports symptoms as follows:

- Intense feelings of anxiety over work stress
- Leaves work at lunchtime (her condo is about 3 blocks from her office) to binge/purge.
- Frequent work absences/tardiness.
- Cancels plans with boyfriend and friends due to fatigue and fear she will have urge to binge and will not be able to get away.
- Poor concentration, negative ruminations, cognitive distortions
- Frequent episodes of gastric reflux at night and 2-3 hours after a binge/purge episode.
- Severe ulcers of mouth and gums
- Vegetative symptoms: changes in sleeping, eating problems increase with more frequent bulimic episodes-having trouble consuming food that must be chewed thoroughly before swallowing, e.g. breads, vegetables, fruits, meats, nuts.

Social History:

J is a college graduate with a MS degree in computer science from University of Maryland.

J has several girlfriends she has met since graduate school and working. She socializes with these friends 2-3 times/month. She is an avid runner, and is in training for the Marine Corps Marathon in October.

At work J was named project manager for a new account. She must shuttle between Boston and DC at least once monthly. She may be away from home for 7-10 days working on the project. It is a good assignment which will likely improve her

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position in the company, but the responsibility adds significantly to her level of stress. While on travel, occurrences of bulimia have increased to daily episodes.

Family:

Family lives in S. Korea. One sister, age 32, lives in the US, but resides in Southern California with her husband and two children. Parents visit annually in the spring. J is concerned about father's recent diagnosis with colon cancer. She fears he will not do well after surgery and radiation. J feels guilty that she is so far away from family and is not available to help. Her mother has always confided in J about her worries and sometimes relies on J to help her deal with financial and marital concerns. J sends her mother several hundred dollars monthly to keep the family budget balanced.

J has been dating Austin for 3 years. They met in graduate school. Austin is Asian-African American and J is concerned her parents will not accept him. J spends many weekends and holidays with A's family who treat her as a member of their family. J also feels guilty that she gets along better with A's mother than her own.

A has proposed to J. He does not know about her bulimia.

Primary Medical Diagnosis:

Bulimia Nervosa; Severe ulcerations of the mouth, gums and throat.

Surgeries/Procedures & Dates:

N/A

Simulation Learning Objectives

1. Apply the nursing process to initiate care of the patient with bulimia nervosa and patient's family.
2. Assess the pt with bulimia, including information obtained through communication.
3. Determine (plan) the nursing care for the patient based on assessment findings.
4. Implement the appropriate care in a safe manner.
5. Evaluate the care provided.
6. Identify the primary nursing diagnosis and/or collaborative problems.
7. Document the assessments, patient changes, and interventions completed.
8. Demonstrate therapeutic communications in care of the patient and family.

Scenario Specific Objectives

1. Identify physical and psychosocial characteristics of patient with bulimia nervosa.
2. Describe the difference between a patient with anorexia nervosa, binge eating disorder and bulimia nervosa.
3. List 2 short term and 2 long term objectives for this client.
4. Discuss nursing role for working with clients with eating disorders.

Program / Curriculum Specific Objectives

1. Provide professional and ethical care to patients.
2. Practice selected critical thinking skills.
3. Implement therapeutic communication techniques when caring for patients
4. Provide for the nutritional needs of patients with selected alterations in health.
5. Apply knowledge of psychosocial development of children, adolescents, and adult experiencing alterations in mental health.

Fidelity (choose all that apply to this simulation)

<p>Setting/Environment</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> ER <input type="radio"/> Med Surg <input type="radio"/> Peds <input type="radio"/> ICU <input type="radio"/> OR / PACU <input type="radio"/> Women's Center <input type="radio"/> Behavioral Health <input type="radio"/> Home Health <input type="radio"/> Pre-Hospital <input type="radio"/> Other _____ <p>Simulator/Manikin/s Needed:</p> <p>Props:</p> <p>Equipment Attached to Manikin:</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> IV tubing with primary line _____ fluids running at _____ cc/hr <input type="radio"/> Secondary IV line __ running at _ cc/hr <input checked="" type="radio"/> IV pump <input type="radio"/> Foley catheter _____cc output <input type="radio"/> PCA pump running <input type="radio"/> IVPB with ___ running at ___ cc/hr <input type="radio"/> O2 _____ <input type="radio"/> Monitor attached <input checked="" type="radio"/> ID band <input type="radio"/> Other <p>Equipment Available in Room</p> <ul style="list-style-type: none"> <input type="radio"/> Bedpan/Urinal <input type="radio"/> Foley kit <input type="radio"/> Straight Cath Kit <input type="radio"/> Incentive Spirometry <input type="radio"/> Fluids <input type="radio"/> IV start kit <input type="radio"/> IV tubing <input type="radio"/> IVPB Tubing <input type="radio"/> IV Pump <input type="radio"/> Feeding Pump <input type="radio"/> Pressure Bag 	<p>Medications and Fluids</p> <ul style="list-style-type: none"> <input type="radio"/> Oral Meds <input checked="" type="radio"/> IV Fluids <input type="radio"/> IVPB <input type="radio"/> IV Push <input type="radio"/> IM / Subcut / Intradermal <input type="radio"/> Other <p>Diagnostics Available</p> <ul style="list-style-type: none"> <input type="radio"/> X-rays (Images) <input checked="" type="radio"/> Labs <input type="radio"/> 12-Lead EKG <input type="radio"/> Other _____ <p>Documentation Forms</p> <ul style="list-style-type: none"> <input type="radio"/> Admit Orders <input type="radio"/> Physician Orders <input checked="" type="radio"/> Flow sheet <input type="radio"/> Medication Administration Record <input type="radio"/> Kardex <input type="radio"/> Graphic Record <input type="radio"/> Shift Assessment <input checked="" type="radio"/> Triage Forms <input type="radio"/> Code Record <input type="radio"/> Anesthesia / PACU Record <input type="radio"/> Standing (Protocol) Orders <input type="radio"/> Transfer Orders <input type="radio"/> Other
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<ul style="list-style-type: none"> ○ O2 delivery device_____ ○ Crash cart with airway devices and emergency medications ○ Defibrillator/Pacer ○ Suction ○ Other - dynamap 	<p>Recommended Mode for Simulation (i.e. manual, programmed, etc.) Requires standardized patient or high fidelity mannequin that cries</p>
<p>Roles/Guidelines for Roles</p> <ul style="list-style-type: none"> ○ Primary Nurse ○ Secondary Nurse ○ Clinical Instructor ○ Family Member #1 ○ Family Member #2 ○ Observer ○ Physician / Advanced Practice Nurse ○ Respiratory Therapy ○ Anesthesia ○ Pharmacy ○ Lab ○ Imaging ○ Social Services ○ Clergy ○ Unlicensed Assistive Personnel ○ Code Team ○ Other_____ <p>Important Information Related to Roles</p>	<p>Student Information Needed Prior to Scenario</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Has been oriented to simulator <input checked="" type="checkbox"/> Understands guidelines /expectations for scenario <input checked="" type="checkbox"/> Has accomplished all pre-simulation requirements <input checked="" type="checkbox"/> All participants understand their assigned roles <input checked="" type="checkbox"/> Has been given time frame expectations ○ Other _____ <p>Report Students Will Receive Before Simulation</p> <p>Time: (real time)</p> <p>Report from EMT</p> <p>"We have Joyce W. date of birth 10/16/83 who was brought from her home, where we were called by her friend who found her unconscious in her bathroom.</p> <p>We found her on the floor, groggy but oriented, no apparent injuries. Initial vitals were BP 80/40, heart rate 108 and weak, respirations 22 and shallow. We put a 22 in her right antecubital and</p>

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<p>Significant Lab Values</p> <p>Physician Orders</p>	<p>started saline wide open. Looked like she's been vomiting a lot – undigested food mostly. Could've been some bright red blood too, but hard to tell. We transported her via stretcher, and now she's alert, oriented x3, moving all extremities and says she's allergic to keflex. Vitals at (5 minutes ago) were 100/60, 98 and 18. She's had a liter in but no more vomiting. Questions? OK – later."</p>
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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used For This Scenario: (site source, author, year, and page)

1. Videbeck, S. (2008) Psychiatric mental health nursing, Ch 18.
2. Wolfe, B. (2008) Issues of body weight and eating behavior in psychiatric and mental health nursing practice. *Journal of the American Psychiatric Nurses Association* , vol. 13: pp. 343 - 344.

2007 NCLEX-RN® Test Plan Categories and Subcategories

Choose all areas included in the simulation

Safe and Effective Care Environment

Management of Care

- Advance Directives
- Advocacy
- Case Management
- Client Rights
- Collaboration with Interdisciplinary Team
- Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and

Responsibilities

- Concepts of Management
- Confidentiality / Information Security
- Consultation
- Continuity of Care
- Delegation
- Performance Improvement (QI)
- Referrals
- Resource Management
- Staff Education
- Supervision

Safety and Infection Control

- Accident Prevention
- Disaster Planning
- Emergency Response Plan
- Ergonomic Response Plan
- Error Prevention
- Handling Hazardous and Infectious Materials
- Home Safety
- Injury Prevention
- Medical and Surgical Asepsis
- Reporting of Incident/Event/Irregular Occurrence/Variance
- Security Plan
- Standard /Transmission-Based Other Precautions
- Use of Restraints/Safety Devices
- Safe Use of Equipment

Health Promotion and Maintenance

- Aging Process
- Ante/Intra/Postpartum and Newborn Care
- **Developmental Stages and Transitions**
- Disease Prevention
- Expected Body Image Changes
- Family Planning
- Family Systems
- Health Promotion Programs
- Health Screening
- **High Risk Behaviors**
- Human Sexuality
- Immunizations
- Lifestyle Choices
- Principles of

Teaching/Learning

- **Growth and Development**
- **Health and Wellness Assessment**
- **Self-Care**
- **Techniques of Physical**

Psychosocial Integrity

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependenciesto Health
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life Care
- Family Dynamics
- Grief and Loss
- Mental Health Concepts
- Psychopathology
- Religious and Spiritual Influences
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- Therapeutic Communications
 - Therapeutic Environment
- Unexpected Body Image Changes

Physiologic Integrity

Basic Care and Comfort

- Assistive Devices
- Complementary and Alternative Therapies
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- Personal Hygiene
- Rest and Sleep

Pharmacological and Parenteral Therapies

- Adverse Effects/Contraindications
- Therapies
- Blood and Blood Products
- Agents/Actions
- Central Venous Access Devices
- Dosage Calculation
- Management
- Expected Effects/Outcomes
- Medication Administration
- Parenteral/Intravenous
- Pharmacological
- Pharmacological Interactions
- Pharmacological Pain
- Total Parenteral Nutrition

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Reduction of Risk Potential

- Diagnostic Tests
- Lab Values
- Monitoring Conscious Sedation
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- System Specific Assessments
- Therapeutic Procedures
- Vital Signs

Physiologic Adaptation

- Alterations in Body Systems
- Fluid and Electrolyte Imbalances
- Hemodynamics
- Illness Management
- Therapies
- Infectious Diseases
- Medical Emergencies
- Pathophysiology
- Radiation Therapy
- Unexpected Response to

Scenario Progression Outline

Timing (approximate)	Manikin Actions	Expected Interventions Nurse	May Use the Following Cues
<p>First 5 minutes</p>	<p>Sitting up at side of bed. Clutching abdomen, has worried look on face. " I passed out in the bathroom. I guess I ate something that didn't agree with my stomach and I vomited several times."</p>	<p>Introduces self, asks J what has occurred. Takes vitals, assessment including oral musoca</p>	<p>Role member providing cue: Boyfriend</p> <p>Cue: Pacing nervously near bedside. Worried expression.</p>
<p>Next 5-10 minutes</p>	<p>Relaxes slightly.</p> <p>Begins to cry "I have trouble with food and eating."</p>	<p>RN asks client about presenting complaint and history. "Has anything like this happened before that caused you to get sick from eating?"</p>	<p>Role member providing cue: Boyfriend</p>

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	<p>“It never has been this bad before. I get anxious and then start to binge eat to cope with the stress. I usually stop when I feel full and go in the bathroom and throw up. This time when I was throwing up I saw blood and got more anxious. I guess I overdid it and next thing I knew I was on the floor, then my boyfriend came in.” She relates current bulimic behavior and concerns about family, especially father.</p> <p>“Yes. I started doing it just occasionally in college, but lately because of all that’s going on I do it two or three times a week. It’s getting out of hand.”</p> <p>“In college I was in therapy. It was helpful because I learned to use other ways to cope with stress. I also got serious about exercise to control my weight. But lately I go back into the bingeing and started to freak out, but</p>	<p>“Go on”</p> <p>“You have been bingeing on food and vomiting to cope with stress-is that correct?”</p> <p>“Have you seen a therapist or been treated for this eating disorder?”</p>	<p>Cue: Surprised to hear about binge/purging. “I had no idea! How long has this been happening?”</p> <p>“Why didn’t you tell me about this?”</p>
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	<p>couldn't stop it."</p> <p>"I didn't want to tell you. I'm so embarrassed about it. It's sick!"</p> <p>"OK-thanks."</p>	<p>"Ok. Well you are in the ER to get stabilized and we will discuss options for follow up treatment. I'll report this to the MD and we'll be back in a few minutes to start an IV and talk about the next steps."</p>	<p>I could help you deal with the stuff that's going on."</p>
<p>Final 15-20 minutes</p>	<p>"Is that bad?"</p> <p>"I didn't know I was causing all of that to happen."</p> <p>"That would be great"</p>	<p>Returns to pt room with IV materials.</p> <p>"Your blood work shows that you have some electrolyte imbalance from dehydration. We are going to start an IV solution to restore your potassium and sodium."</p> <p>"When you vomit excessively you not only get rid of whatever food is in your stomach, but water and electrolytes that keep your muscles and heart working."</p> <p>"Let's begin to plan for your discharge. I'm going to provide you with names of therapists who use the cognitive therapy approach you said was helpful to you while you were in college."</p>	<p>Role member providing cue:</p> <p>Cue: Listens with interest to the plan.</p>

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	<p>"I really enjoy the running and working out. I'm training for a marathon, but I usually run with a group of people and we meet only at certain times. I belong to a gym that offers yoga and pilates which I like also."</p> <p>"I see what you are saying. In the past, when I was in therapy, I wrote down my feelings-just poured it all out in a journal. That was helpful because sometimes I'd see a solution to what was bothering me."</p> <p>Ok</p> <p>"I've already been such a bother, I don't want to lay this on you."</p>	<p>"But when you leave here, the stress that has contributed to you bingeing and purging to cope is not going away. Let's talk about some ways to manage stress that is more effective. What have you done in the past that has been helpful?"</p> <p>"Those are all good measures. But I think you need to have something more accessible for the times at work or home when you feel overwhelmed and bring on the urge to binge/purge. "</p> <p>"Ok. Let's add that to the plan. You have a journal to write in? When you feel stressed at work or anytime spend a few minutes getting down your thoughts and feelings on paper."</p> <p>"I'd also suggest one or two people to call or text to let them know you are anxious."</p>	<p>"You can call me, Babe. I'll pick up and be there for you."</p> <p>"I'm here and will help in anyway I can."</p>
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	<p>"My college roommate and I are still close. She knows all about what I went through. I know she would understand."</p> <p>"I'll follow up. I really need to get this under control. Too much is at stake."</p>	<p>"How about another friend or relative?"</p> <p>"Ok. That's good. So when you feel stressed you will either start writing in your journal and/or call Austin or your old roommate. Here is a list of a few therapists to call to schedule an appointment. Here is my card. When you have made an appointment, call or email me to let me know how it went. If you don't have any luck with these therapists, I'll provide you with additional resources."</p>	<p>"I'll do as much as I can to help Joyce follow the plan. Thanks."</p>
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Debriefing / Guided Reflection Questions for this Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve?
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?

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7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis and/or collaborative problems?
10. What were the key assessments and interventions?
11. Is there anything else you would like to discuss?

Scenario Specific Questions:

Program/Curricular Specific Questions:

Complexity – Simple to Complex

Suggestions for changing the complexity of this scenario to adapt to different levels of learners:

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