

Med Room Mayhem

A Complete Guide to Run a Simulation-based Activity Promoting Medication Administration Safety



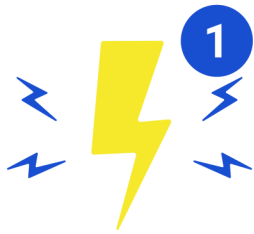
sim2grow
SIMULATION SOLUTIONS

ESCAPE ROOM

Med Room Mayhem

The objective is to use teamwork and communication to successfully "escape" from this escape room. This simulation-based activity is designed for undergraduate health professions students with safe safe medication administration understanding. Group size: 3 students.

7 ESCAPE ROOM GROUND RULES- SAFETY FIRST!!



1 Electricity is real- do not put yourself in harm's way! There are no clues hidden in outlets. If you need to defibrillate the patient, do NOT do so until you have verbally told everyone to stand clear AND visually confirmed that nobody is touching the patient.



2 Don't climb on stuff! -there are no clues out of reach.



3 The room is not really locked. If you need to leave, you can.



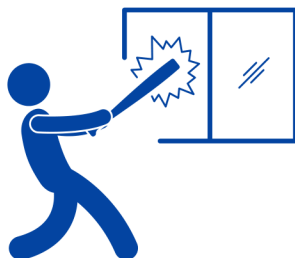
4 Alarms are real- If you are instructed to leave, do so immediately.

5

Phone/device use is allowed for solving clues ONLY (no pics during the game).



6



No excessive use of force--please don't break our stuff! Some clues are in fragile containers--you must **unlock** the **lock**--do not rip open the container or you will be disqualified.



7 Keep this experience confidential- do not share it with others...besides why would you give them an advantage to beat your time?!?!





Med Room Mayhem



READ TO LEARNERS AFTER GROUND RULES

It's a typical busy day on the simulated hospital unit of your nursing school. There are vitals to be checked, dressings to be changed, and meds to be passed.

The three of you are in the med room getting ready to prepare your morning meds when suddenly the door slams shut! This is really odd... even worse, the door is locked...from the outside...?!?!

All the other students are busy at their patient bedsides so your calls for help go unheeded. There is a 4 Digit number coded lock on the door. If only you knew what the code is, you could escape!

There are only 20 more minutes before your patient's essential meds will be late! You must solve the puzzles and put together the clues hidden around the room to come up with the code so you can stay on track. Write the code on the lock to get out.

Your time starts.....NOW!

FACULTY OBSERVATION CHECKLIST /NOTES

Faculty Use Only

Dosage Calc Pop Quiz

Syringe Selection

eMAR Error

Mixed Med Matching

"Unlocking" Key Pad

DEBRIEFING QUESTIONS

1. How are you feeling?
2. The objectives were to "use teamwork and communication to successfully "escape" from this escape room. How did that go?
3. Who, if anyone, emerged as a leader? How was that determined?
4. What did you learn about your teammates in this experience?
5. Describe a moment in the escape room experience when you were a little stuck. How did you get unstuck?
6. Describe a time where you did or didn't speak up. Why or why didn't you?
7. There was some pressure applied in this experience with the limited time before your med passes were late. What were some things you did to overcome the stress?
8. When you are preparing to administer meds in the clinical setting in the future, what can you take away and apply from this experience?
9. What skill would you like more practice doing? What equipment would you like to work with to be more comfortable?
10. What can you apply in your communication and teamwork both personally and professionally?

Med Room Mayhem Escape Room Map

Puzzle	Dosage Calc Pop Quiz	Mixed Med Matching	Syringe Selection	eMAR Error
Location	Face down in drug book	Scatter pt descriptions around room; Faded "Printout" on floor under table	put the clue at the bottom of sm. box beneath the 3 syringes, alcohol wipes, & "morphine"	Place eMAR inside a closed laptop
Notes	Correct calculation set up: $10\text{mg}/\text{kg} \times 1 \text{ kg}/2.2 \text{ lb.} \times 176 \text{ lb.} \times 20 \text{ mL}/1 \text{ g.} \times 1 \text{ g}/1000 \text{ mg}$	ADavis = order 2 EChen = order 4 CLogan = order 15 Order 7 doesn't have a specific match; so it is the clue	This morphine dose should be drawn up in a 3mL syringe	Patient is allergic to Sulfa and should not receive Bactrim DS; Mg Sulfate is a distractor-not contraindicated
Answer	4	7	3	2
Final Answer	"Unlock" Key Pad 2 3 4 7			

Location Tape "Lock" next to "door"; put a dry erase marker nearby

Notes Clues indicating the order in which to place the numbers are:

1. Mixed Med Matching...one of the providers' name is LOW TO HIGH
2. Pop Quiz...The Instructor's name is LOWEST TO HIGHEST

FACULTY USE ONLY

Equipment

Gather the Following:

1. Timer (students have 20 minutes to complete this escape room and 20-30 minutes for debriefing).
2. Print, laminate, cutout, items on the following pages
3. Dry erase marker
4. pencil/pen/scrap paper
5. Drug reference book
6. laptop computer
7. Alcohol wipes
8. NS or Sterile water vial
9. Insulin syringe
10. 3mL syringe
11. 5mL syringe
12. Small plastic box to hold 3 syringes, alcohol wipes, and a vial

PRINT & LAMINATE



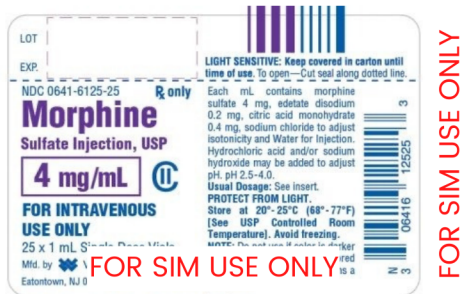
Write your code here

Use Dry Erase ONLY

PRINT, LAMINATE and CUT

Please draw up 2 mg morphine sulfate.

PRINT and ATTACH TO A VIAL



PRINT and ATTACH to an Insulin Syringe

1

PRINT and ATTACH to a 3mL Syringe

3

PRINT and ATTACH to a 5mL Syringe

5

Name: **Albert Davis**
Medical Record: **3245-6334**
Room/Bed: **105 A**
Medical Diagnosis: **Heart Failure**
DOB (Age): **May 21, XX (75 yo)**
Gender: **Male**
Height: **5' 9"**
Weight: **210 lbs**
Allergies: **NKMA**



Albert Davis is a 75-year-old male patient was brought to the emergency department by his son with reports of difficulty breathing and inability to walk short distances without becoming extremely short of breath. Patient has a history of heart failure, obesity, hypertension, hypercholesterolemia, and type 2 diabetes mellitus. NKMA. Patient reports fatigue related to difficulty sleeping at night because of a nonproductive cough that is unresolved with cough drops. Patient reports a weight gain of 6 pounds in the past week, despite his decreased appetite. Patient's son reports that his father has been unable to care for himself because of the fatigue and increasing shortness of breath. He states, "he has not showered in over a week." Patient is admitted to the medical unit for management of an acute exacerbation of heart failure and r/o pneumonia.

Name: **Eugene Chen**
Medical Record: **6742-6398**
Room/Bed: **127 A**
Medical Dx: **Diabetic foot ulcer, Right heel**
DOB (Age): **October 16, XX (68 yo)**
Gender: **Male**
Height: **5' 10"**
Weight: **70.5 kg**
Allergies: **PCN**



Eugene Chen is a 68-year-old male patient was admitted directly from his primary healthcare provider's office with an infected neuropathic ulcer on his right heel. Patient reports the presence of an open area for the past 3 months, with no pain but increased foul smelling discharge for the past week. Patient has a history of Type 1 diabetes mellitus, renal insufficiency, and hypertension. 20 pack-year smoking history – currently smoking. NKMA. Wears corrective lenses (glasses). Patient lives alone but is independent with ADLs. Works part-time as a mail sorter.

Name: **Carla Logan**
Medical Record: **5432-0123**
Room/Bed: **113 B**
Medical Diagnosis: **Post Op, Bowel Resection**
DOB (Age): **January 4, XX (43 yo)**
Gender: **Female**
Height: **5' 4"**
Weight: **61 kg**
Allergies: **Sulfa**



Carla Logan is a 43-year-old female patient is admitted to the surgical unit post-operatively following an open sigmoid resection (colectomy) for severe ulcerative colitis of 20 years duration that is no longer responsive to medication therapy. Allergic to sulfa. No other medical or surgical history.

PRINT, LAMINATE

The printer toner is low! The pharm tech must call the providers to request clarification and needs your help. Which order is intended for which patient?

Date: TODAY Time: NOW

7

Patient: [REDACTED] MR #: [REDACTED]

Order: Acetaminophen 650 mg PO q4h PRN

Digital Signature: G Smith, MD

Date: TODAY Time: NOW

2

Patient: [REDACTED] MR #: [REDACTED]

Order: Digoxin 0.125 mg PO once daily

Digital Signature: B Barnes, FNP

Date: TODAY Time: NOW

15

Patient: [REDACTED] MR #: [REDACTED]

Order: Ampicillin 1 gm IVPB every six hours

Digital Signature: A Lin, PA

Date: TODAY Time: NOW

4

Patient: [REDACTED] MR #: [REDACTED]

Order: Losartan 50 mg PO once daily

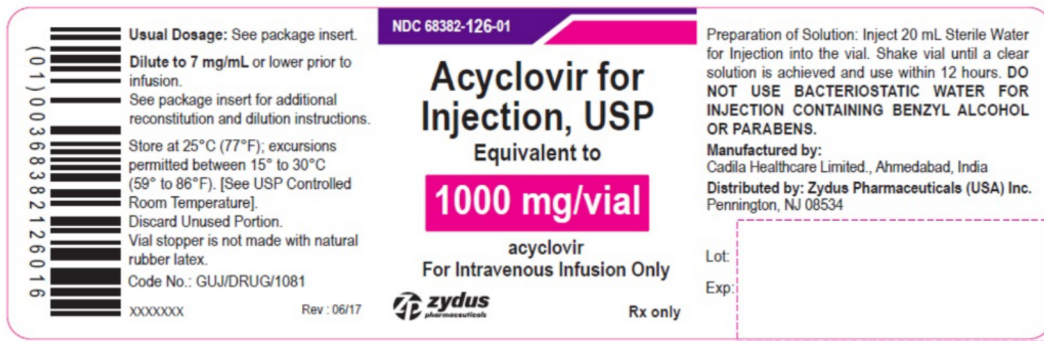
Digital Signature: L Ow Tohigh, MD

NAME: _____
 DATE: _____

COURSE: NUR007
 INSTRUCTOR: Low Est Tohighest

Dosage Calculation POP Quiz

You are the nurse taking care of a 176-lb patient who has been prescribed acyclovir 10 mg/kg for intravenous infusion. The medication is available as 1 g to be reconstituted with 20 mL of sterile water prior to use (see label). How many milliliters will you withdraw from the vial for use in the intravenous infusion? Round your answer to the nearest mL.



MUST SHOW ALL WORK!!

1. 77
2. 40
3. 35
4. 16

Identify the Medication that requires provider notification.

Johnson, Sally (F)
 MR #: 5432-4343
 Room: 200 Bed B
 Weight: 61 kg

Height: 5'4"

DOB: January 4, XX (73 yo)

Provider: Larry Wu, PA

Allergy: Sulfis

Refresh New Orders

MEDICATION ADMINISTRATION RECORD

ALL ROUTINE STAT PRN SINGLE DOSE IV

AT BEDSIDE

≡ Patient List

SELECT MED:	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23
ACETAMINOPHEN 650 mg PR Every 4 hrs PRN																								
for temp. > 38° C																								
BACTRIM DS 1 tab PO Every 12 hrs Routine										X														X
CEFAZOLIN 1 gm IVPB Every 4 hrs Routine_IV				X						X														X
for 48 hours post-operatively then discontinue																								
D5W .45NS W 20MEQ KCL 125 mL/Hr IV Continuous Infusion Routine_IV																								
MAGNESIUM SULFATE 2 oz powder PO Twice Daily PRN																								
dissolve powder in 8 oz H2O for administration; PRN for Constipation																								

PRINT, LAMINATE



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Clinical Data

LOCK SYSTEM