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ATI Real Life THA Virtual Clinical Reflection Questions

1) What was Dale's fall risk score? Is that score considered low, medium, or high risk? What interventions in Dale's care should you be implementing?
   (Use your resources from class and clinical Fall Risk Score Interventions)
   a. Dale's fall risk score was a 40.
   b. This score is medium risk on the updated Morse Fall Scale.
   c. Interventions to promote Dale's safety during their care includes applying a fall risk band, using the bed alarms, providing toileting opportunities during purposeful rounding, accompanying them during toileting opportunities and during ambulation.
2) From the pre-op exercises teaching scenario, pick one that Dale demonstrated incorrectly and explain how you would teach the correct technique.
   a. During the pre-operative exercise teaching scenario, Dale had demonstrated the incorrect use of the incentive spirometer. When using it, they had not sealed their lips around the mouthpiece, causing air to exit from the sides. This action was also incorrect as they had blown into the device, rather than inhaling through the mouthpiece like a straw. If I were to teach Dale how to use this device correctly, I would instruct them to purse their lips around the mouthpiece tightly, slowly inhaling for as lung as they can, keeping the blue side piece within the indicated range on the right side of the device.
3) Dale receives morphine sulfate for his hip pain. The morphine order is for 2-4mg IV Q 3-4 hours for severe or breakthrough pain. What is wrong with this order?
   a. This order dosage is incorrect. A correct safe dose of morphine sulfate IV is 0.1-0.2 mg/kg Q4h. For Dales weight, 108.9 kg, the correct safe dose would be 10.89 to 21.78 mg Q4h for breakthrough pain.
   b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? If Merryll were to give 4 mg, she would have administered 2 mL.
4) Dale is assessed for skin integrity on his heel. What are some interventions the nurse could implement to protect his skin? What are the concerns if no interventions are implemented?
   a. To protect Dale's skin, the nurse could implement and continue Q2h turns, ensuring Dale's heels remain in non-direct contact with the bed or each other. The nurse may also use a foam padding or waffle-boot to reduce pressure. A barrier cream may also be used to prevent skin breakdown on Dale's heels.
   b. If no interventions are implemented, the concerns would be impaired skin integrity. Patients with impaired mobility are at greater risk for impaired skin integrity due to constant sheer and pressure on bony prominences of the body.
5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
   a. Preoperatively, the nurse had ensured the patients bed was always in the lowest position before leaving the room. In addition, the nurse had accompanied and assisted Dale to the restroom after their peripheral IV was inserted.

    b. Post-operatively, Dale had been reminded and instructed to follow their hip precautions. This included being acclimated to the call bed and having their personal items in close reach to them.
    c. During the post-operative period, the nurse and nursing assistant had promoted patient safety during their repositioning and ambulation from the wheelchair to the walker. They had correctly applied a gait belt to Dale and promoted patient and self-safety during the lifting and transferring process.
6) Do you feel the nurse and medical team utilized therapeutic communication techniques when interacting with individuals, families, and health team members of all cultural backgrounds?
    a. If **yes**, describe: During the interactive assignment, I felt that the nurse and medical team did a great job at utilizing therapeutic communication techniques. Beginning preoperatively during the medial history and background assessments, all team members had respected Dale's sexual orientation, pronouns, and cultural background. Preoperatively, the healthcare team had also allowed Dale to express his concerns, anxieties, and fears about their surgery. Even when Dale began to become frustrated with their partner, the health care team had continued to use therapeutic communication techniques to deescalate the situation.
    b. If **no**, describe.

Reflection

1) Go back to your Preconference Form:
    a. Indicate **(circle, star, highlight)** the components of your preconference form that you saw applied to the care of this virtual patient.
2) Review your Nursing Problem Worksheet: Did you select a correct priority nursing problem?
    a. If **yes,** write it here: Acute Pain
    b. If **no,** write what you now understand the priority nursing problem to be.
3) Review your Nursing Problem Worksheet: Did you see many of your anticipated nursing assessments and interventions used?
    a. Indicate **(circle, star, highlight)** the ones you saw utilized during the scenario.
    b. Were there interventions you included that *were not* used in the scenario that could help this patient?
        i. If **yes**, describe: On my nursing problem worksheet, I had identified two assessments that were not included during the virtual scenario. I had identified to assess characteristics of the patients reported pain, and to assess what degree cultural, environmental, intrapersonal, and intrapsychic factors may contribute to the patient's perception and communication of the pain they were experiencing. I had also identified two interventions that were not performed. This included providing rest periods to facilitate comfort, sleep, and relaxation, as well as using back rugs and progressive relaxation to refocus the patient's attention.

ii. If **no**, describe: In the simulated scenario, I had seen the following interventions that I identified used: always maintain the proper positioning of the affected extremity, apply ice packs as ordered to the affected extremity, and administer opioid analgesics as ordered.

4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? Yes.
    a. How did that impact the nursing care delivered? At the beginning of the nursing care performed in the online simulation, the healthcare team had worked to manage and identify the patient's acute pain prior to and following a THA. However, as post-operative assessments continued, priority assessment findings had impacted the nursing care delivered next. For example, pedal pulses became unpalpable, crackles in the lungs were noted, and c/o pain and discomfort were noted in the patient's heels. These findings had resulted in using a Doppler, elevating the HOB, and continuing to frequently monitor the patient's skin around their heels.
    b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
        i. Write it here: Impaired gas exchange, risk for falls, risk for impaired skin integrity, and risk for constipation.

What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice:

While participating in the care of this client, my biggest take away was the importance of collaborative and interprofessional care. Having worked from the client during their preoperative teaching, preoperative assessment, postoperative assessment, and discharge, I had identified multiple health team members that were necessary in the continued care of the patient. In addition to this collaboration being necessary for the patient holistic healing, I had also identified how each of these components make understanding the client's specific needs much more difficult. Due to everyone's continued care and documentation, I realized how important it is to read all progress notes, charting, and value submitted by other members of the interprofessional team. This will impact my nursing practice, as it has caused me to become vigilant with comparing findings and values in the patients EMR.