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ATI Real Life COPD Virtual Clinical Reflection Questions

1) Identify two members of the healthcare team collaborating in the care of this patient:
    a. Dan: respiratory therapist
    b. Cindy: RN, ED

2) Did your patient have any abnormal blood work (lab)? If so, *select a priority finding* and discuss why that value is concerning.
    a. WBC: 13,000/mm3. This could indicate an infection of pneumonia.

3) Did your patient have any abnormal clinical diagnostic tests? If so, what were they and what was the abnormal finding? What can that indicate?
    a. Radiology: hyperinflation of bilateral lung fields and flattened diaphragm. Changes characteristic of atelectasis in bilateral bases. Abnormal area of density present in the left lung base suspicious of pneumonia.
    b. This is in line with the WBC being elevated, possibly furthering uncovering pneumonia as bacterial infection. COPD has hyperinflation of lungs from CO2 retention, weakening the diaphragmatic muscles to flatten them. Pneumonia also can arise from atelectasis from bacteria buildup.

4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
    a. Explanation of signs and symptoms of side effects from the Ceftriaxone to report to the nurse. This could tell the patient signs and symptoms of an allergic reaction.
    b. Explanation of why the pt had an allergic reaction to the antibiotic. It was similar to the other antibiotic that he is allergic to, so she talked about having the doctor possibly write a new order.
    c. Dietary habits education after going over lab values. Pt reported that it would make her daughter happy to change diet and habits.
    d. Metered dose inhaler education during discharge instructions and watching a video. Important for lungs to inflate w/ medication to reach the alveoli.

5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
    a. The primary RN called the charge nurse in due to the pt being unconscious. They turned the O2 down from 5L and called RT to help assist (from 1st report)
    b. After pt c/o itching at IV site, the primary RN immediately assess IV and turned off the pump infusion. She documented the reaction and informed the doctor.
    c. Putting pressure on bleeding from skin breakdown on the arm. This can help stop bleeding.

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:

i. The primary RN did a good job maintaining eye contact and providing thorough teaching to the pt about medications.
ii. The primary RN used good active listening while maintained silence and eye contact, nodding occasionally, when trying to encourage more emotional elaboration.
iii. The primary RN did a good job of listening to the daughter's concerns about a potential allergic reaction at the IV site.

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: Impaired Gas exchange
   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:
         1. "Assess knowledge of breathing and coughing exercises." Pt was encouraged to continue use of IS, but did not show pt demonstrate or ask about his ability and knowledge about it.

      ii. If **no**, describe:
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?
      i. The O2 flow rate was running too high, so the primary RN had to reduce the rate. Then the pt ended up having a pleural effusion, so they had to perform a thoracentesis with a chest tube. There was still impaired gas exchange and acute pain, but the pt progressively worsened during the time of care.

   b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
      i. Write it here:
         1. Impaired skin integrity

5) What was your biggest “take-away” from participating in the care of this patient? How did this impact your nursing practice:
    a. During the first round of simulation, I made an error to teach the patient to deep breathe and cough. This worsened the patient’s condition because there SpO2 was 93% on 5L O2 on NC. The pt went into acute respiratory distress and RT had to come assist the patient. The second time I did the simulation I chose to lower the flow rate and that helped the patient more because a pt with COPD should be on around 1-2L of O2 on NC. It is important that while learning about respiratory interventions is useful in lecture, you have to use clinical judgment during clinical practice based upon the patient’s initial assessment and objective findings. Not every intervention will work in a “cookie-cutter” fashion on every pt because every pt is unique.

PSA: (I noticed that my score was satisfactory, but I had a lot of areas in need of improvement and I did not like the fact that I made an error that put my pt into respiratory distress. I did the simulation a second time to prevent this from happening and my scores greatly improved. I understand that I did not need to do this, but I wanted to explain. I hope that is okay!)