

### ATI Real Life COPD Virtual Clinical Reflection Questions

- 1) Identify two members of the healthcare team collaborating in the care of this patient:
  - a. Allyson-registered nurse
  - b. Dan-respiratory therapist
- 2) Did your patient have any abnormal blood work (lab)? If so, *select a priority finding* and discuss why that value is concerning.
  - a. Mr. Gomez's white blood count was 13,000/mm. This is elevated as the normal range for WBC's is 4,000-10,000. This is a priority finding and is concerning for Mr. Gomez's wellbeing because it is a likely indicator that there is some form of infection going on inside his body that needs to be addressed.
- 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. Yes, Mr. Gomez's radiology report shows that he has an abnormal area of density present in the left lung base. This is important because it most likely means that there is some fluid in his left lung base. This leads to a suspicion of Mr. Gomez having pneumonia/pleural effusion.
- 4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
  - a. He was taught that the rash he was having from the antibiotics would most likely mean he was allergic to other forms of antibiotics and that this would be important to know for the future. He was also informed this may mean his antibiotic medication/regime might be changed to better support his health.
  - b. Mr. Gomez was taught about the medication procedure and what to expect when nurse Allyson was preparing to give him his medication. This prevents any hidden concerns about what is happening to him and can help ease anxiety.
  - c. Nurse Allyson included information about a pulmonary rehabilitation center in Mr. Gomez's discharge instructions. This is important because it provides resources for care of the patient even when he is outside of the hospital.
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
  - a. Nurse Allyson immediately stopped what she was doing when Mr. Gomez's daughter expressed concerns about a rash he was experiencing and went to determine what was going on. After realizing it was an allergic reaction, she monitored his airway and respiration to make sure he was breathing properly.
  - b. Nurse Allyson used two patient identifiers to identify Mr. Gomez before administering his antibiotic.
  - c. Nurse Allyson noted Mr. Gomez's allergy band before giving the antibiotic and noted it in the chart as well.
- 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: Yes, because nurse Allyson used things like eye contact and open-ended questions with Mr. Gomez and his daughter to promote the building of a relationship with him/his daughter. Nurse Allyson also used active listening

to Mr. Gomez's daughters concerns about her father and took the time to check on him further building a trusting relationship with them.

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, he has COPD and now has a pleural effusion.
  - 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: I had put the intervention to promote deep breathing/coughing and to use the incentive spirometer. Yet in the simulation I did not see Mr. Gomez using the IS. A lot of my other interventions were about nutrition and meals. While his protein was talked about, we did not see Mr. Gomez have a meal so these interventions were not shown in the simulation. I think a lot of my food related interventions could help him with his acute protein deficiency.
    - 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 thought Mr. Gomez's care was going to be heavily based on treatment and management of difficulty breathing but it took a turn towards skin integrity. It did start with his breathing, as we assessed his respirations/O2 but then we gave him his next dose of antibiotics. After this dose he started to experience a rash, and this became the new priority because as it could have led to anaphylaxis. This meant the care took a sharp turn into monitoring him for anaphylaxis and trying to treat him for the rash instead of focusing on his COPD/pleural effusion.
  - b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
    - i. Write it here: Impaired skin integrity.

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

My biggest take-away from taking care of Mr. Gomez was how fast the priority of care for a patient can change. I went into this expecting to be practicing breathing exercises and focusing on the possibility of fluid in the lungs and interventions to help these respiratory problems. For example, using supplemental O2 and increasing fluid intake to thin secretions. Yet by the end the main concern was impaired skin integrity and allergic reaction. Mr. Gomez experienced a rash from the antibiotics we gave him which caused us to pivot our care into focusing on preventing anaphylaxis and keeping him alive. This gave me some good experience with learning to pivot care on the spot and change my thinking/priorities to better suit the needs of the patient. Especially because this pivot had to be done immediately to keep Mr. Gomez safe, as anaphylaxis can happen extremely fast.