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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. Respiratory Therapist
 - b. Registered Nurse Allyson
- 2) Did your patient have any abnormal blood work (lab)? If so, *select a priority finding* and discuss why that value is concerning.
 - a. Yes, my patient had an abnormal blood work finding. Lab values: Hbg: 9.3 (low), Hct: 29% (low), WBC: 13000 (high), BUN: 22 (high), phosphorus 5.5 (increased), glucose: 180 (high), Albumin:3.0 (low), **ABG:** Ph: 7.30 (Low), PaCo2: 54 (High), HCO3: 19 (low), SaO2: 88% (low). The priority finding for my patient is the Hbg,Hct and SaO2 levels because they are low and this is concerning because the patient is not receiving enough O2 which can lead to a series of complications and hypoxia.
- 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?
CXR: Hyperinflation of bilateral lung fields and flattened diaphragm. Characteristics of atelectasis and bilateral bases. Density present and left lung base suspicious to PNA.
- 4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
 - a. Teaching on the medication Ceftriaxone and the reasoning to why they are administering it. This is important when caring for the patient so they understand why they are being treated with this medication and if they have any questions they can ask.
 - b. Teaching that the medication being administered may cause rash or itchiness and to use the call bell if they experience any of them so a nurse can assist them. This is important for the care of the patient because if they do appear to have rashes or itching it could be a sign of any allergic reaction and the medication may need to be discontinued.
 - c. Teaching the reasoning why they are experiencing itching. Explaining how some people who are allergic to the medication called Ampicillin, can also be allergic to Ceftriaxone.
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. Confirming name and DOB prior to giving the medication.
 - b. Double checking the right medication, dose, route and any allergies the pt. may have prior to giving medication.
 - c. After pt. expressed they were very itchy, nurse Allyson immediately stopped the IV pump, flushed the IV and retook pt. VS.
- 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, I feel the nurse and medical team all utilized therapeutic communication by always listening to the pts. feeling and concerns, as well as the pts. daughter when she was very concerned about her father being alone and his history of alcohol usage.

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: Assess ROM exercise to increase lung production Q 2-4 hrs, Assess HOB Q 1-2 hrs do make sure proper lung expansion is being made easier for the pt, Assess morse fall scale at the beginning of the shift because the pt. is a fall risk with them being fatigued.

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? Pt. ending up having another CXR done and it showed pleural effusion in the lungs. Ended up having a thoracentesis performed and a chest tube was put in. As well as the pt. fell and his prothrombin time is decreased due to him being a chronic alcohol drinker.

a. How did that impact the nursing care delivered? This impacted the nursing care by helping the pts. pleuritic chest pain decrease and it brought in more multidisciplinary teams to help care for the pt.

- 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 participating in caring for this pt. is anything can happen when you are on the floor caring for a pt., especially if the pt. has a history of a chronic disease. As well as, it is an eye opener to always check every lab and every little thing regarding the pt, and keep that in the back of your mind when caring for a pt. For example, the COPD pt. had a history of being a chronic alcohol drinker and this led to when he fell on his elbow, him taking a lot longer for his blood to clot. This can lead to a significant problem in the pt. if we, as nurses did not know this information he could have bled out. This impacted the nursing process by showing how important it is to triple check everything prior to doing and always educate your pt on everything you are doing, as well as, let them know what signs and symptoms to look for so they can report back to the nurse for their safety.