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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. Dr. Simpson
 - b. Dan (Respiratory Therapist)
 - c. Cody, Allyson, Cindy, (RNs)
- 2) Did your patient have any abnormal blood work (lab)? If so, *select a priority finding* and discuss why that value is concerning.
 - a. The abnormal blood work I found in the CBC was the elevated WBC. I believe this is the priority finding because the WBC being 13,000 is indicative of a possible infection the client is fighting. It only further proves he has pneumonia too. This puts the client at a higher risk of COPD exacerbations, which are acute worsening symptoms of COPD. Something like this may be detrimental in this clients recovery time.
- 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. The client had many abnormal clinical diagnostic tests. Some of these were the low SaO₂, which was 88%. This means he is in a hypoxic state, and even on 5L of O₂ per nasal cannula he was only able to maintain 91%. He is not able to exchange gas properly because of COPD. Another finding I made while looking at his ABG was that he had respiratory acidosis. This was most likely caused by impaired gas exchange causing him to retain high levels of CO₂ because of airflow obstruction from COPD and pneumonia.
- 4) What were some of the teaching topics covered in the scenario? Why were they important to the care of this patient?
 - a. They
 - b. The nurse explained what his ceftriaxone medication was going to be used for and why it was ordered for him. This helps make it clear for the patient that they are receiving proper care and that his condition will hopefully be maintained with what is being provided.
 - c. They nurse gave proper instructions for the metered dose inhaler. They used a video that explained proper use of the inhaler and it was shown in front of the patient and a family member. Each of them also received a packet to take home and the nurse also made sure to encourage them to ask questions if they were confused. This is important for the care of the patient because they serve as discharge orders for the patient to do at home to care for himself.
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. Both the nurse and the respiratory therapist worked together to find out the mistake that I as the nurse made and how to further prevent this action. They
 - b. The nursing team worked together in double checking and verifying the math has been done correctly for IV medications. Without having someone to verify a procedure with, the clients risk of their health is increased. Team members are there to work together to ensure everything works well.

- c. The nurse made sure to verify the clients medication rights, they always stopped to make sure to do 2 patient verifications, and also made sure to address any allergies the patient may have before administering any medications.
- 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 that most of the team members addressed the client's concerns and responded with proper therapeutic communication. There was no change or discrimination in the care whatsoever just because of someone's background or history. In fact, their background information such as alcoholism and smoking were taken into consideration when addressed by the client and their family. It was also encouraged for them to further address these concerns with their healthcare team members, addressing their feelings.
 - b. If **no**, describe: The only team member who could have done better was Cody. When entering the room, he did not address himself, and just began his care without taking the time to first address Mr. Gomez concern, which was pain on his side. Instead, Cody shut him down by saying he needed to do something first, and then finally at the end told him he would help with his pain with acetaminophen. He should have done this first to ensure the patients pain and alleviate his worries.

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. *Completed in preconference form.*
 - 2) Review your Nursing Problem Worksheet: Did you select a correct priority nursing problem?
 - a. If **yes**, write it here: *Impaired Gas Exchange.*
 - i. *The client experienced respiratory acidosis, had a RR of 31, and had a hard time doing any activities because of this problem.*
 - b. If **no**, write what you now understand the priority nursing problem to be:
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- 3) Review your Nursing Problem Worksheet: Did you see many of your anticipated nursing assessments and interventions used? *Yes*
 - 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 mostly had things for reducing anxiety, and they could have done this by providing quiet time, encouraging communication, and assessing their anxiety level.*

- ii. If **no**, describe: The team did most things like auscultating lung sounds, rr, O2, and using interventions such as oxygen therapy, high fowlers, to better improve respiration rate.
- 4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? Yes, I believed the patient would be experiencing anxiety.
 - a. How did that impact the nursing care delivered? I was expecting the client to be anxious so I was more prepared for that. Instead, the oxygen therapy needed closer attention to, and so the first time that came around I didn't even notice it was still at 5L while his O2 began to return to around 93%. That mistake caused damage to the patient, and it was something I should have noticed and it changed the planning of the care.
 - b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
 - i. Write it here: Activity Intolerance.
 - 1. The patient had a hard time do any activities such as answering questions because he felt too fatigued.

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

My takeaway from the first simulation trial was that I need to pay more close attention to the patients care. The simulation trial was cut short because I failed to understand several key concepts, such as lowering the oxygen flow rate as his SaO2 began to rise. I chose something else and because of this the patient's condition worsened and the care had to be corrected by the respiratory therapist. I also need to pay closer attention in the correct order for medication administration. Skipping or missing a step can be detrimental to a patient's safety. Finally, the simulation made it even clearer that working alone with a patient is dangerous for your patient. What I mean by this is that working with a team helps the care be verified continuously, facilitates the work load, and helps brainstorming what steps are priority next. Without a strong team at a persons side, it would become even more difficult to take care of people.