

Student Name:  
Clinical Instructor:

### 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. 45
  - b. high risk
  - c. Call bell in reach, nonskid socks on, bed in lowest position, bed rails up, bed alarm on
- 2) From the pre-op exercises teaching scenario, pick one that Dale demonstrated incorrectly and explain how you would teach the correct technique.
  - a. dale incorrectly used the IS I would teach him that you need to inhale instead of blowing in it. I would add to think of it like a straw.
- 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. it does not tell what severe pain is on a 1-10 scale
  - b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? 2
- 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. waffle boots, pillow under his heels, q2 turns
  - b. pressure ulcer/ wound, impaired skin integrity, infection
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
  - a. Proper SBAR hand off over the phone
  - b. Proper fall risk techniques in place as well as teaching
  - c. Proper medication verification techniques and times
- 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, all of the staff were kind and had no apparent bias towards the couple as they were a gay, biracial couple. They explained everything to both individuals with good communication techniques, and kindness. As well as they encouraged that Dale's partner be there too in order to help and learn after Dales's surgery.
  - b. If **no**, describe:  

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## 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:  

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- 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:  

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    - ii. If **no**, describe: the only difference I had for my priority nursing problem was assessing the pain every 2 hours but the nurse did assess his pain regularly. As well as the nurse continued to ensure the patient was comfortable.
- 4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? yes, the patient had impaired skin integrity on their ankles
  - a. How did that impact the nursing care delivered? The nurse was able to do interventions that involved helping with the skin integrity that the night shift nurse found on Dale's ankles. She raised their ankles up a little and raised his HOB.
  - 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: I noticed how none of the nurses were affected by the couple and their sexuality as well as everyone was very kind and respecting of Dale's pronouns. It showed how well people can do with situations like this which is really relieving to see. I also learned how important it can be to take a person's body language and facial expressions into consideration when doing the assessments to clue you into what could be going on that a patient is not openly telling you.