

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. Ensure frequently used items are within reach, maintain adequate lighting & use nonskid footwear, apply fall risk band, maintain bed in lowest position with wheels locked, ensure use of bed alarm, remain with patient during toileting & consider close monitoring.
- 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 performed use of the incentive spirometer. I would teach Dale to inhale deeply through the mouthpiece, instead of exhaling. Inhaling on the mouthpiece will promote lung expansion, preventing the collapse of the alveoli.
- 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. Since morphine sulfate is a controlled substance, the dosage should be precise and clear. Instead of providing a dosage "range", it should be a specific dose to prevent overdose or administration error. The order also does not clarify that it is via IVP. As well, it does not specifically classify what "severe" pain is on the 0-10 pain scale.
 - b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? 2mL
- 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. Apply heel protector pads/ "stickers", q2h turns/ elevate heel off of the bed, promote ambulation as recommended/ tolerated, apply lotion to moisturize the skin
 - b. Worsening pressure ulcer/ injury that progresses to infection.
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. Verified that the patient's signature on the operative consent form was his.
 - b. All members of the care team performed AIDET and verified first & last name and DOB before every interaction.
 - c. Nurse Merryll reviewed fall precautions and interventions post-op (call light, stay in bed, fall risk band)
- 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, the care team utilized therapeutic communication throughout Dale's time of care. They referred to Dale by his preferred pronouns, and included his partner in every conversation, decision, and teaching

opportunity. The care team explained procedures and provided education in a detailed manner and always addressed questions afterwards. When Dale was concerned about his length of stay and increased dependency, Nurse Merryll listened attentively and provided comfort and encouragement.

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. **Done**
- 2) Review your Nursing Problem Worksheet: Did you select a correct priority nursing problem?
 - a. If **yes**, write it here: Acute Pain and Impaired Mobility
- 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. **Done**
 - b. Were there interventions you included that *were not* used in the scenario that could help this patient?
 - i. If **yes**, describe: Assisting with ADLs like oral care and a bed bath, application of non-scented moisturizer to heel, additional imagining for VTE prophylaxis/ confirmation of prosthesis placement (XR), encouraging vit. D and Ca+ intake at home
- 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? Nurse Merryll observed impaired skin integrity on Dale's heel. This caused her to implement skin integrity interventions such as elevating the extremity off of the bed. There were also numerous instances where she had to utilize therapeutic technique for psychosocial support post-operatively. Also, Dale had crackles in b/l lung bases on auscultation post-operatively, indicating/ putting him at risk for atelectasis.
 - b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
 - i. Write it here: Impaired Skin Integrity, Risk for VTE/DVT (?)
 - ii. Impaired Gas Exchange (?) - R/t crackles on auscultation, no S/Sx's of respiratory distress, however.

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 this clinical experience was the importance of meticulous assessments. Nurse Merryll and the care team adequately identified changes in status (Skin integrity on heel & crackles in lungs on auscultation) in a promptly manner, allowing them to intervene before it became a “serious concern”. This influences my nursing care because it shows me the impact that quick assessment and intervention has on client outcomes and speed of recovery/ readiness for discharge. Especially in the post-operative “field”,

it is important to prioritize meticulous assessments as a nurse since it is a time of increased vulnerability for your patient. They are at highest risk for infection, DVT, impaired skin integrity r/t limited mobility, and respiratory status changes. These conditions can progress quickly, and have devastating effects; furthermore emphasizing the urgency of prevention.