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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. Dale's Fall risk score was 50
 - b. 50 is a high risk for falls
 - c. Some interventions include maintaining the bed in the lowest position, ensuring that side rails are up, and the bed is locked. Proper teaching of the call bell. Apply non-skid socks on their feet.
- 2) From the pre-op exercises teaching scenario, pick one that Dale demonstrated incorrectly and explain how you would teach the correct technique.
 - a. He performed the incentive spirometer incorrectly by exhaling into the tube instead of inhaling. I would have told him to try again, but this time, to inhale.
- 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. The dosage needs to be specific, and so does the time frame. The concentration is also not included. In the EMR, it was every 4 hours.
 - b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? 2mL of morphine
- 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. The nurse can implement pillows under his calf to elevate his heels and also turn and reposition him Q2hrs
 - b. The concern, if no interventions are implemented, is that he can develop pressure sores on his heels and bony prominences
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. The team used a gait belt and teaching of step by step for the transfer to the bed
 - b. The Nurse in postoperative care always puts the bed down before leaving the room
 - c. Before discharge, they evaluated if it was a good professional idea to send him home or place him in inpatient rehabilitation. They placed him in rehab to make sure he gets the best care and prevent falls, and an early discharge to maintain his safety.
- 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 do, Amani, in the beginning, asking what his preferred pronouns were, and what he would like to be called, and then following thereafter, after everyone on the team respected it. When Amani was also doing preoperative

teaching of the surgical wash, the partner Davon, stepped in and said that he would take care of it, Amani reassured that a family member wanted to be a part of it because they care, then continued to make sure that the patient explained that he understood when to use the soap. Every care team member maintained eye contact, encouraged questions, and kept a calm tone of voice.

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 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.
 - b. Were there interventions you included that *were not* used in the scenario that could help this patient?
 - i. If **no**, describe: **I said to administer Oxycodone, instead they administered morphine, in which was probably due to the increased breakthrough pain. I also said that we can change the patient position every Q2hr to prevent from pressure wounds. And also encourage assistance to the bathroom to promote ambulation.**
- 4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? **I honestly do not think so**
 - a. **How did that impact the nursing care delivered? I don't think anything happened that was not expected or known to be a possible outcome of the surgery. Dale was experiencing numbness still post-op from the knee up. That was unexpected, but it did not change the direction of care that was anticipated. The nursing care remained the same, along with the unusual temperature; the nurse sought to regulate it the best way possible.**
 - b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
 - i. Write it here: **Risk for Falls**

What was your biggest “take-away” from participating in the care of this patient? How did this impact your nursing practice: **My main takeaway's is that we always show respect to the client, and provide the best care. The family can be very involved so we just have to show respect to them as well but also let them know the patient is our main focus, we need to know that they also understand the things we are telling them. I also take away that assessing small, minor pain indicators like the onset of discomfort, can help your patient. Being able to identify problems early on really helps the patient reach their goals of recovery and prevent serious problems.**

