

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. Some interventions may include encouraging use of the call bell, educating on why he is a high risk, educating about complications that could come from having a fall, and implementing use of bed rails and assistive devices.
- 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 demonstrated how to use the incentive spirometer. He quickly exhaled into it instead of slowly inhaling. I would explain to Dale that the correct way to utilize it is by taking a long, slow, and even inhale to keep the ball between the two target lines. I would tell him to then hold his breath for a few seconds before releasing his breath slowly through his nose.
- 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. This order gives an unspecified dose, it provides a range and not an exact amount.
 - 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. Interventions could include regular repositioning, application of a waffle boot, or elevation of the extremity to relieve pressure.
 - b. Dale is at risk for skin breakdown caused by a pressure injury.
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. Encouraged exercise such as ankle pumps.
 - b. Assessed for skin breakdown regularly.
 - c. Implemented fall risk precautions.
- 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: All members of the healthcare team appeared to correctly utilize therapeutic communication. In the very beginning, the first nurse took time to make both the patient and his partner feel seen and heard by asking correct pronouns and addressing them with said pronouns. The nurses asked open ended questions, clarifying questions, demonstrated active listening, and practiced silence to allow the patient to speak for themselves.
 - 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: Pain
 - b. If **no**, write what you now understand the priority nursing problem to be: Though I identified pain as a priority problem, I said it was chronic pain. I would now change that to acute pain
- 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:
 - ii. If **no**, describe: I believe that all of my interventions were implemented, including: use of mobility devices, education on exercises, a balance of rest/activity, heat/cold therapy, pain medication administration, NSAIDs, and education about non-pharmacological pain management strategies.
- 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? Initially, I thought that majority of the patient care would be focused on relieving pain and that the patient would be required to be on bedrest for at least 12 hours post-op. Because of his PT orders to engage in hip exercises, I had to reform part of my care plan to emphasize promotion of mobility. This was complicated by the fact that the patient was at a high risk for falls. Additionally, the patient had some crackles in his lungs post-op which indicated the need for respiratory interventions such as the use of an IS and deep breathing.
 - 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:

One of my biggest takeaways from this simulation was the importance of promoting mobility safely and soon after surgery. Until now, I thought that the most important thing for post-op care

after a surgery of this type was rest. I learned about different types of mobility exercises that promote healing and how too much rest is incredibly detrimental to the healing process for this procedure. I also saw a gait belt being used in practice for the first time which helped me to understand how it aids both the nurse and the patient. I'll apply this to my nursing practice by encouraging patients recovering from similar surgeries to engage in mobility early (as ordered) and educate them on why this is so important.