

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. Dale's fall risk is 45
 - b. Medium (25-45 is medium, high is > 45)
 - c. Dale understands that he is more likely to fall after surgery. He will call for help before getting into or out of his bed or a chair, or getting to and from the bathroom. He will work with PT closely, going for walks and using his walker as soon as the day of surgery. Cold therapy and medications will be used to control pain.
- 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 demonstrated the incentive spirometer incorrectly. "They" blew into the device instead of sucking into the device. I would teach Dale by saying, "The incentive spirometer helps expand the lungs and prevent pneumonia after surgery or periods of immobility. I would instruct them to sit upright, place their lips tightly around the mouthpiece, and inhale slowly and deeply to raise the marker, holding their breath for about 3-5 seconds before exhaling normally. I'd remind them to repeat this 10 times every hour while awake, cough after use to clear secretions, and make sure to stop if they feel dizzy or short of breath."
 - b. (His pronouns are they/ them, so I am respecting that throughout this simulation in my answers)
- 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 is unsafe because the range (in both the dose and the frequency) makes it unclear how much and how often to give the medication. I would clarify with the provider to ensure the order specifies an exact dose, frequency, and pain scale indication before administering.
 - b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? 2 mL 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 elevated Dale's heels so they are not touching the mattress.
 - b. Pressure injury, pain, and decreased wound healing process
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. Verified medication order (right patient, right drug, right dose, right route, right time)
 - b. Assessed pain level, respiratory rate, level of consciousness, and vital signs before and after giving morphine to ensure safety.
 - c. Educated the patient and used the teach-back method to ensure that they understood the teaching.

- 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 nurse utilized therapeutic communication by showing respect, empathy, and active listening toward the patient and his partner. She used clear, simple language, maintained eye contact, and encouraged the patient to express concerns about pain and treatment. The team also demonstrated cultural sensitivity by acknowledging Dale's pronouns and using them respectfully.

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 **yes**, describe: The nurse could assess the incision site for pain, pallor, edema, erythema, and drainage Q4H; Assess the patient's response to rest, ice, and elevation; and assess the effect of pain on sleep patterns and rest patterns Q shift.
 - ii. If **no**, describe: The nurse did assess the patient's gait, ability to reposition, transfer, ambulate with assistance, and sit Q shift; Assess skin integrity and pressure points Q2H at the same time as repositioning; Assess and measure limb length.
- 4) Often, patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? I think everything went as anticipated, with impaired mobility and pain being the primary and secondary problems for this patient.
 - a. How did that impact the nursing care delivered? Everything went as anticipated for this patient, with impaired mobility and pain being the two primary concerns. Because the patient's condition remained stable, the nurse focused on consistently assessing pain, safe mobility assistance, and prevention of pressure injuries and falls. This allowed me to prioritize scheduled pain management, encourage gradual activity with proper and safe body position, and reinforce education on how to move safely using assistive devices.
 - i. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
 - ii. Write it here: risk for falls, impaired skin integrity
- 7) What was your biggest "take-away" from participating in the care of this patient? How did this impact your nursing practice:

My biggest takeaway from caring for this patient was the importance of individualized pain management and thorough assessment before and after medication administration. I learned that pain control is not just about giving medication but about evaluating its effectiveness, monitoring for side effects, and the importance of using pharmacologic and non-pharmacologic interventions hand in hand. This experience supported my commitment to patient-centered care, clear/therapeutic communication, and patient safety, which I will continue to apply in my nursing practice to ensure each patient's comfort, safety, and security.