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Clinical Instructor:

ATI Real Life THA Virtual Clinical Reflection Questions

- 1) What was Dale's fall risk score?
 - 45, which is considered high riskIs 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. Bed and chair alarms
 - b. Offer toileting every 2 hours
 - c. ensure proper use of the call bell and personal items within reach

- 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 improper use of the incentive spirometer. I would explain to him that it's important to inhale slowly and deeply for at least 5 seconds, hold his breath for 3-5 seconds, then remove the mouthpiece and blow a breath through pursed lips, he should complete this exercise hourly for 5-10 times.

- 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. There isn't an exact dose it just ranges between 2-4mg

 - b. Morphine is dispensed in 2mg/ml concentration. If Merryll gave 4 mg, how many ml's of morphine did she administer? She gave 2 mL

- 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. Elevate his foot off the mattress and reposition every 2 hours
 - b. Keep his foot clean and dry

- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. Use of 2 to assist transfer
 - b. Use of a gait belt
 - c. Use of an assistive device (walker and shoes) with transfer

- 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, they used active listening and engaged with his partner while coordinating the next steps for his recovery.
- 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: Yes, Pain and impaired mobility
 - b. If **no**, write what you now understand the priority nursing problem to be:

- 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: Yes, assess pain on a scale of 1-10, assess bowel sounds QS, and last BM, assess LOC 30-60 minutes after morphine admin, and assess fall risk score. assess pain and the proper use of assistive devices,
 - ii. If **no**, describe:

- 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?

Skin integrity was later assessed after evaluating his right heel, which also involved Doppler examination of his pedal pulse.

- b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
 - i. Write it here: Risk for impaired skin integrity

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 this simulation is that postoperative nursing priorities aren't just limited to managing pain but can shift. Observing the use of therapeutic communication reminded me how essential empathy, clear explanations, and active listening are in reducing anxiety and promoting trust, throughout all stages of surgery.