

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?
Dales Fall risk score was 45 which is considered a high score.
(Use your resources from class and clinical Fall Risk Score Interventions)
 - a. **Bed in lowest position, bed/chair alarm on, call bell within reach.**
 - b. **Non-Slip Socks**
 - c. **Fall Risk Band**
- 2) From the pre-op exercises teaching scenario, pick one that Dale demonstrated incorrectly and explain how you would teach the correct technique.
(B) Dale did not properly use the incentive spirometer. To properly teach the correct technique I would instruct Dale to sit up straight, exhale normally, then place the mouthpiece in their mouth and seal your lips, then inhale slowly and deeply trying to raise the ball as high as they can or to target level, next hold your breath for about three seconds, then exhale slowly, and repeat every hour.
- 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 incomplete and unsafe because it gives a range of 2-4mg every 3-4 hours and not direct frames. Orders need to have specific time and specific dose so you can ensure its safe and accurate. (Morphine order 2mg IV Q 3 hours PRN for severe or breakthrough pain.)**
 - 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. **Reposition patient every 2 hours to relieve pressure, use heel protectors or pillows to elevate heels off the bed, keep skin clean and dry, inspect skin daily for redness or breakdown.**
 - b. **Patient might develop pressure ulcer on the heels, and skin breakdown can lead to infection, delayed healing, and increased pain.**
- 5) Identify three ways that the nursing team demonstrated the promotion of patient safety?
 - a. **Verified patient identification before giving medication or treatment.**
 - b. **Thoroughly went through pre-surgical checklist.**
 - c. **Used aseptic technique when managing surgical site.**
 - d. **Ensured fall precautions, fall band, allergy band, provided pre-op 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 and medical team used active listening to allow Dale to voice his pain and concerns, explained procedures clearly before performing them,

showed empathy and respect for his recovery and personal cultural, and relationship needs.

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: **Acute pain**
 - 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:

 - ii. If **no**, describe: **Cold therapy was provided to Dale post-op, as well as prescribed analgesic.**
- 4) Often patient care will take a different direction than we anticipated at the beginning of our shift. Did that happen here? **Yes, the patient developed postoperative hypothermia, which is a common occurrence after surgery due to anesthesia and fluid loss.**
 - a. How did that impact the nursing care delivered? **The nursing team had to adjust the plan of care to focus on maintain the patients body temperature. By adding warming blankets, increasing room temperature, monitoring vital signs and body temperature closely.**
 - b. What new, additional priority nursing problem (diagnosis) did you identify? (Refer to your NANDA list)
 - i. Write it here: **Risk for imbalanced body temperature related to effects of anesthesia and surgical environment.**
 - ii. 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 was learning that postoperative hypothermia is common and manageable complication. This experience helped me understand how**

to adapt quickly when a patient's condition changes and importance of ongoing assessment and critical thinking in nursing practice.