

Covenant School of Nursing Reflective

Use this template to complete the Reflective Practice documentation. Do not exceed the space in each box. Any information not visible to you is lost.

<p>Step 1 Description</p> <p>The patient was experiencing major hypoglycemia and begun to feel confused and clammy. This occurred shortly after I entered the room and reset the IV pump. I was at the patient's bedside and had the help of another student nurse. I was obtaining vital signs and assessing the patient's sacral wound. I played the role of obtaining the patients blood sugar while the other student nurse offered soda and candy to the patient to raise their blood sugar. The result was that the patient still felt clammy and confused.</p>	<p>Step 4 Analysis</p> <p>I can apply my knowledge of signs and symptoms of hypoglycemia and infection to this situation. In previous lecture material it states that if in a hospital setting or if patient is unable to swallow to administer IV Dextrose 25-50mL of D50, or if no IV access admin 1mg of glucagon IM to release glucose stored in the liver. From theory all information over hypoglycemia management is relevant to this situation in the pathophysiology, how to recognize, treat, and prevent it from happening. Another issue that arises from this event is the prolonged time it will take for their sacral wound to heal due to the patient being a type 2 diabetic. This makes sense because due to glucose levels stiffening the blood vessels, this inhibits blood flow. This means that oxygen and nutrients cannot reach the cells, making it more difficult to heal wounds. From my perspective the other student nurse's experience was very similar to mine. There was a positive impact from all the different perspectives from my other classmates and instructor. There were several ah ha moments on my end once we collaborated at the end of the scenario.</p>
<p>Step 2 Feelings</p> <p>At the beginning I was feeling very nervous and anxious. I was currently thinking about getting vital signs done and assessing the infected sacral wound, since this was the reason the patient was admitted. This event made me feel very anxious. The words the family member in the room made me think that I was not doing a good job in taking care of the patient. This too also added to my anxiety and nervousness. I felt discouraged with the outcome because the patient's condition did not change. The most important feeling I have about this incident is the anxiousness. This is the most important feeling because I tend to let this overpower me at times and let it take control of situations.</p>	<p>Step 5 Conclusion</p> <p>I could have made the situation better by keeping my calm and realizing the severity of their blood sugar reading and phoning the provider to get an order for D50. I think the other student nurse made the best of the situation and can not seem to think how she could have made it better. I would have done a better job of calming the patient down and using the family member to get information about the patient's intake due to the patient being confused. This event taught me to be aware of protocols and to reevaluate the patient after an intervention has been made. For example, I should have rechecked the blood sugar after administration of the oral sugar to determine if my intervention was effective or not.</p>
<p>Step 3 Evaluation</p> <p>The good thing about this event was that the other student nurse and I were on the right track in recognizing/treating the hypoglycemia. The bad thing about the event was that our interventions did not work in treating the hypoglycemia. An easy part was obtaining vital signs quickly. The difficult part was trying to maintain the patient's nausea while they were experiencing hypoglycemia. I think cleaning and dressing the sacral wound went well. The other student nurse did well in calming my nerves as well as the patient's and family member! Yes, I did expect a different outcome. I expected our interventions to work and raise the patients blood sugar, but I was unaware that we needed a stronger form of sugar due to the blood sugar reading of 38. The patients condition worsened, which was not expected since I thought we were on the right track. This happened because the patient needed D50 to raise their blood sugar quickly. I contributed by offering oral sugar and using touch to calm the patient.</p>	<p>Step 6 Action Plan</p> <p>Overall, I believe this situation had a positive impact on my learning. One conclusion I can draw would be to not take the provider for granted. If I would have called the provider, I could have helped the patient raise their blood sugar. Another conclusion would be to not doubt myself. I can justify this because I knew what to do but was just unsure if it was the right action to take in correcting the task at hand. The final conclusion is that if my interventions are not working, try something else. I can justify this because I kept trying to give an oral sugar even though the patients status was decreasing. With hindsight, I would phone the provider to correct the hypoglycemia. In the future I will use these lessons to prioritize my focus on what is going on in the moment instead of worrying about what all I must get done. This has taught me to look at the whole patient and not just what I need to check off my list.</p>