

Covenant School of Nursing Reflective

Taylor Burris - Simulation

<p>Step 1 Description</p> <p>The patient had just arrived on the floor after having an open reduction internal fixation on the left hip. The patient had a JP drain and surgical wound that was clean, dry, intact, with no drainage. Vital signs were taken by nurse #1 during the initial assessment but were not taken again. I came into the room to give medications, and the patient complained of a wet bed. I noticed the dressing had a lot of blood but did not notice the JP drain. The scenario was ended. In debrief, it was revealed that the patient had a dressing that was almost covered in blood and an almost full JP drain, which indicates possible bleeding. Also, if the vital signs would have been taken again, they also reflect a possible bleed.</p>	<p>Step 4 Analysis</p> <p>While I know vital signs are very important, they can also point to certain conditions. A decrease in BP, increase in pulse, increased respiratory rate, and decreased O2 sat. can indicate bleeding.</p>
<p>Step 2 Feelings</p> <p>At the start of the scenario I was very nervous and felt a lot of pressure. During the scenario I was flustered and I knew I had a clear task at hand, which was giving medications. However, I felt pulled in many directions as the patient was uncomfortable. I was also slightly frustrated, because I thought that nurse #1 was supposed to check vitals, as well as the wound dressing. Again, however, I was also frustrated with myself for not noticing the signs and symptoms of bleeding. Overall, the feelings I felt was nervous and overwhelmed.</p>	<p>Step 5 Conclusion</p> <p>I learned a lot about how to handle a patient with a bleed from this scenario. What I would have done differently is get the vitals again before I gave medication. This would have started me thinking why the BP was lower and HR higher. I then would have checked the dressing on the surgical site and drain. This would have prompted me to empty the drain and reinforce the dressing. I then would have called the HCP.</p>
<p>Step 3 Evaluation</p> <p>I thought the event could have gone much better than it did. However, there was some good things that took place. Our intentions and original plan of nursing care was really good and would have hopefully caught the bleeding. We had great communication as nurses with each other, and with the patient. Things that could have gone better are us nurses paying closer attention to the vital signs and other signs and symptoms that the patient was exhibiting that would have pointed us to the bleeding. I also should have asked for allergies before giving medication. One thing that was good was calling the pharmacy when I noticed the medication was wrong in the med room.</p>	<p>Step 6 Action Plan</p> <p>In hindsight there is a lot I would do differently, and all these things I stated in Step 5. The lesson I learned and will use in the future is to pay closer attention to vital signs and to not hesitate to check vitals again. I will also in the future know to reinforce a dressing if bleeding, rather than taking the dressing off. This practice also taught me to really pay attention to the small things that a patient is saying and to focus on the patient care overall rather than the task at hand.</p>

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