

Covenant School of Nursing Reflective



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice.” (Tsingos et al., 2014)

Using the Reflective Practice template, document each step. The suggestions in the boxes may help you as you reflect on the incident. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description</p> <p>A description of the incident, with relevant details. Remember to <u>maintain patient confidentiality</u>. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues?
<p>Step 2 Feelings</p> <p>Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice about yourself? • How will you use this experience to further improve your practice in the future?

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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 On October 6, 2020 at 1330 I was at the nurse's station going over my paperwork for the day. I noticed the call light going off, and I noticed that it was my patient's room number. I heard the call get picked up by the aide, but I decided to go into the room because I was right outside. When I went in the room, the patient informed me their IV was out. I knew that the only access that this patient had was a PICC line in the internal jugular vein. I saw the patient holding the line, and it was completely out of the insertion site. I immediately went to grab my instructor, who was also right outside the room. The instructor, and I went back in, and they instructed me to hold pressure to the site while they went to go find gauze. I also began assessing the patient for s/s of an emboli. As they left another nurse came in. The other nurse had a PICC dressing kit, and took some gauze out of there. The other nurse took over from me, and removed the previous dressing and applied pressing with the new gauze. After 5 minutes of holding pressure we reassessed the patient, and left the room to inform the dr. The dr. was okay with the dressing coming out, since it had been in for a week already.</p>	<p>Step 4 Analysis I can apply the important risk factors associated with PICC line insertions and the importance of giving teachings about them, and doing frequent assessments of the dressing/site. One of the issues that might arise from this event is, policies surrounding care of PICC lines. There are so many possibly dangerous situations that can result from PICC line complications. Mandatory, frequent, detailed assessments of the site could be one of them. Different securement techniques could also be another one. The risk of a PICC line being removed unintentionally has extremely harmful effects, and many things could be brought up to try to avoid this. Literature confirms the risk of an air emboli from improper PICC line removal. The other big concern is actually excessive bleeding from the insertion site. From what I saw, there were mostly positive experiences due to this situation occurring, and prompt intervention. However, I had trouble finding that this occurs, which is a good thing it is rare. The impact of having other people's take on this issue is huge. Because of the risks associated with PICC lines and their removal, the more research and policies, the better. Our priority is patient care and safety.</p>
<p>Step 2 Feelings At the beginning I was in shock, because a PICC line coming out can be a dangerous situation. I was mainly extremely concerned about the possibility of getting an air emboli, or contracting an infection through the insertion site straight into the blood. Once my instructor reminded me to apply pressure, I began to regain my thoughts and confidence in what interventions I needed to continue with. There was a feeling of calm, yet awareness of the seriousness of the problem, that made me feel confident and ahead of any complications that might occur. I was happy with the final outcome. There was no bleeding from the site of insertion, the surgeon was okay with the site being lost, and the patient was not in distress or in any state of worry from what had gone on. The situation had been handled professionally, and proactively to prevent further complications or harm to the patient. The most important feeling I had was confidence about how the situation was being handled. This is important because our patients should be in the most capable, professional, and caring hands possible. These are lives that we are looking after, and we shouldn't be guessing or hesitating with emergent situations.</p>	<p>Step 5 Conclusion I could have stayed with the patient in the room, and used the call light in the room, instead of leaving even if for a second. I could have snapped back quicker and thought to apply pressure myself as I waited for someone to answer the call from help on the call light. It took a little while to get a hold of the primary nurse. Even if this was a situation that they were used to, he could have answered more promptly to a potentially deadly incident. I could have made the situation better by making sure the patient wasn't feeling any feelings of anxiousness or fear. I could have made sure that he was a little more a part of what was going on with his care, instead of working around him and not let him know exactly what the big concern was until the end. It might be a good thought to keep extra dressings/gauze bedside with pts with PICC insertions, just in case. I have learned the best priority intervention to do with a patient if this ever occurs again. I have learned to remember to do extensive teaching on PICC insertions with patients, so that they are extremely careful in how they handle their IV line, and to ask for any help they might need with repositioning. Working as a team is effective and helpful.</p>
<p>Step 3 Evaluation It was good how quickly other nurses/personnel responded to help and intervene. It was also a good thing that the patient happened to not be bleeding out profusely before they happened to realize their line was no longer in. What was bad was how easily the line came out, and that it was not caught sooner. It was easy to keep the bleeding minimal since there was none until pressure was applied. It was easy to keep it under control and get a new dressing on the site. The flow of teamwork between the health care team went really well, and kept the patient's health at top priority. There was no stress or cluster. I stayed very calm, and was able to speak with the patient afterwards about what had just happened in more detail, and the significance of it all. The nurse who came in to help had quick thinking to grab a whole PICC kit for dressing materials, since there was none readily available/accessible. I could not have expected a better outcome. This was handled swiftly and smoothly, and to the patient's benefit. I did my best to be available for whatever I needed to do, as well as making sure to keep a close eye on any s/s the patient might have experienced.</p>	<p>Step 6 Action Plan This was a scary situation to walk into as a nursing student. However, I was glad to experience it, and glad to have the people around me that helped out. These situations can go wrong very easily, and I was grateful that it was contained and the patient's safety was maintained. I can conclude that either the patient deliberately pulled out the line or it was never sutured/dressed properly. With proper suture and dressing it would be nearly impossible for the patient's line to come out without some kind of deliberate force or pull. I learned the importance of answering call lights quickly and giving proper teachings. This reminds me to never take any situation too lightly, or believe that I am exempt from any unusual circumstance from occurring. I should be ready for anything that might occur related to my patient's condition. This has taught me the importance of professionalism, both for the patient and the health care team as a whole. I will use this experience as a basis for how I evaluate future patients with similar scenarios, or similar situations with different team members.</p>