

### **Step 1 Description**

Monday at 1630 my colleague and I started to receive report for our patient for the shift, outside the patient's room. We were going to be the nurses for this patient. The nurse let my colleague and I know that she was waiting on some lab results and for my colleague and I to keep an eye out for that and to continue the patients care. When my colleague and I gathered all the information we entered the patient's room. The patient was stating she was feeling nauseas and started to throw up. We raised the head of the bed and gave her a blue emesis bag to throw up in. We began to take her vital signs and a head to toe assessment. Another classmate was at the bedside simulating her son. She was tachycardic and Diminished breath sounds in upper left lobes; crackles bilaterally. Weak, lethargic and a bit confused.

### **Step 2 Feelings**

In the beginning I was feeling very nervous. I was thinking that I needed to do a good job to prove to myself that I can do it. I studied the patient's chart before entering the room, so I was feeling a bit confident. The event made me feel terrible. I felt like I didn't know what I was doing but I knew what I needed to do I just couldn't process it out. The words and actions of other made me feel better than what I was making myself feel because they would tell me and my colleague that we did a good job, but in my head I personally didn't. My colleague and I were working together so it made me feel better knowing that I had someone there with me. My feelings for the final outcome were that I should've done more than what I was doing. I am a nursing aid, so I feel like I still think like a nursing aid and I need to stop and think more critically. So, I think that is the most important feeling I had about the incident. I am so used to doing the simple tasks that it was what I was more confident in. In clinicals, the nurses that I have had don't really teach me on why they do things they just tell me, and I try to ask questions, but it is just a short answer. It is the most important feeling because I need to start thinking more like a nurse and not an aid.

### **Step 3 Evaluation**

The good about the event is that it opened my eyes on how fast we have to think and try and relieve the symptoms the patient is feeling. The bad is that my nerves just really got to me and I did not perform my best care. The easy part to me would be doing the vitals and assessment on the patient. What was difficult was probably the medication and all the knowledge that comes behind it. What went well was that we were able to fix the patients oxygen since it was the wrong liters and she did not have it on, so I was able to fix that pretty quick. What I did well was fixing her oxygen, doing the appropriate assessments on the patient identifying that she had the wrong arm band and work as a team player with my colleague. What others did well was play their part. My classmate that was playing the son was well involved in the patients care and asked lots of question. My classmate playing the patient was playing a great role relating to verbalizing the patient's symptoms. Last but not least my other classmate playing the nursing role with me was well involved with the patient and worked well as a team player. I did expect a different outcome because I knew before entering the room what to do. I had seen her chart

and knew what to do, which was check her labs and administer antiemetics for her nausea, but I didn't do administer anything when I knew I should have. My over all outcome went wrong. I need to learn how to do what I need to do and put my nerves aside. I contributed by trying to give the medication according to the lab values after speaking to the provider. I knew that it was the right thing to do.

#### **Step 4 Analysis**

What I can apply to the situation based on previous knowledge would be knowing the medication given to the patient and why it is given. Also knowing the compatibility between the medications. The recent evidence I think of is the chart in the medication room that has all the medication that can be compatible with other medication. The bodies of knowledge that are relevant to this situation would be that the patient had 1 IV port and a couple of IV medication. We, my colleague and I need to know the compatibility information in order to be able to administer in the same IV port or start a new IV site. Broader issues that can arise from this is that if the medications are not compatible and were administered in the same port, a severe complication could have happened and cause the patient to go in a state of critical conditions. The sense that I can make out of this situation that you can never be too careful, when in doubt ask other colleagues, charge nurse or call the pharmacy. What was really going on is that the patient needed a lab value to improve and was already on an IV medication with only one port. We needed to make sure if we needed to make another IV site or administer it on the same port. Other people's experiences did not seem to be as complicated as ours was I believe. Everyone was able to get to the medication phase fairly fast and my colleague and I just didn't get to that. I feel like we got the more complicated medications, but it could had just been my nerves that didn't let me think straight. The impact of my personal perspective was that I was not in my A game. I am very disappointed in myself, but that is something I need to improve on. The patient's perspective, played by one of my classmates, I am sure she did not think we knew what we were doing. I would not blame her for that. We did not provide her with the care she needed. My colleague's perspective would probably be that my classmate being the son of the patient was concerned if we knew what we needed to do to provide the appropriate care for the patient. My other classmate that was the nurse along side of me was on the same page as me. We thought we were prepared and once we entered the room, we blew it.

#### **Step 5 Conclusion**

A way I would had made the situation better would be by being more confident in myself. The others made the situation better by telling my colleague and I that we did a good job. They made us feel better than what we were feeling. What I could had done differently would probably be being more confident. I knew the chart I had note on what to do and check on and I did not do it all. What I have learned from this event is that you have to be prepared and not scared. After everything was broken down and explained through, I knew what was needed to be done. I just need to be more confident in my perspective and stop thinking like an aid.

#### **Step 6 Action Plan**

What I think about the overall situation is that I need to know what medication they are on and why they are taking those medications. Know the signs and symptoms of situations and be able to distinguish abnormalities right away and what are causing those abnormalities. The conclusion I can make is that if there is any change in status and if labs are in critical values to notify the provider asap. We are there for the care and safety of our patient, we need to know what to do and when to do it. I would do things differently next time; I would look at their labs and medications before entering the room and always be assessing while talking and interacting with the patient. How I can use the lessons learned from this even in the future is by being more prepared and confident. Knowing what the patient needs and make them comfortable and making sure the right medication and oxygen is the appropriate for their care. The way I can apply these learnings to other events is by never being too cautious and depend that the previous nurse left the patient in good condition. Make your own initial assessment, always. What this has taught me about professional practice is that always make an initial assessment because in report, the previous nurse was saying the patient was a bit lethargic, but verbal and when we arrived in the room, she was a bit confused and throwing up. Always start with a baseline of your own. What this taught me about myself is that I need to implement what I know and be confident. No one wants a nurse that is scared. I need to learn to be more self-assured. The way I will use this experience to further improve my practice in the future is by reviewing the chart before going into the patient's room. Do a baseline assessment on the patient before administering medication to see what kind of state they are in. Know what kind of medications they are on and why. I know my weakness and I will work on it to be the best nurse I imagine myself to be.