During Clinicals on Jan. 13th, 2021, I followed a nurse and helped give medications to the 4 patients assigned to us. One of the patients had a few medications such as enoxaparin which is an anticoagulant, and a couple pain medications, along with pantoprazole which is an antiacid medication. The nurse and I already brought in all the medications for the patient in her medicine box prepared to go ahead and give to the patient. Just after scanning the patient's bracelet to identify the patient and ask about allergies as part of the protocol to protect the patient the nurse realized she needed to decide on giving the patient her pain meds and enoxaparin injection first or the antiacid first. The nurse looked at me and asked me what I thought we should give first. I was not sure why we needed to split the antiacid medication from the other medications, so I was puzzled at this point. I asked why we needed to separate them, and she informed me that the antiacid medication can affect the absorption of the other medications and then proceeded to show me on the computer by clicking on the world icon at the bottom right of the computer which brought up a list that you can click on Lexi-comp and look up medications and counteractions or whatever information you may need on any given medication needed to be given together and their adverse reactions etc… I realized at this point I did not do my job properly by making sure I knew the medications prescribed for my patient could be given together without affecting anything. I realized this should have been done before we even brought her medication tray to the room. The nurse asked me again what I thought we should give first and being put on the spot I was not sure, but I put my critical thinking skills to work and started going over in my head the condition of my patient and prioritizing her needs to decide whether I should alleviate her pain and provide her anticoagulant first or relive her acid reflux first. Either way we decided, the time needed between the pain and anticoagulant medication and the antiacid medication was 30 minutes. The patient was not complaining from her indigestion as she was for her body pain and the enoxaparin was due considering 24 hours had passed since the last dose, so I opted to give the patient the enoxaparin and pain meds first and the antiacid med 30 minutes later. I know this was probably a minute decision and maybe even obvious to a nurse, but I really enjoyed the moment of sorting through the options and out waying to decide what was best for my patient. It gave me a boost of confidence to think it through and not just rely on the nurse I follow to do the critical thinking for me. I learned to make sure I am fully investigating the patient's meds in the med room as part of the 7 patient rights before getting to the patient's room and doing for the second time. It is too easy to skip a step and cause patients' medications to not fully absorb and give the patient the full benefit to the medication much less harm a patient. I will make sure the next time I give a patient medication even if it seems harmless or a medication that is repetitive without noticing any side affects doesn't mean there aren't any and should still be completely checked without just relying on the nurse, I follow to catch these things. I should be catching these situations just the same. I am grateful for this experience and the opportunity to learn the Lexi-comp tool to better serve my future patients.

Stephanie Garza