

Covenant School of Nursing Reflective

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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 Week 5, I had clinical in the simulation lab. Another student and I were the nurses for a patient with a hip fracture and osteoporosis diagnosis. We worked together to come up with a care plan for this patient. One student was the voice of the patient from another room as they watched us. Another student played the patients granddaughter in the room. A pair of students worked together to be Map/Discussion leaders regarding the scenario. Two other students followed a check list to follow if me or my partner nurse covered things like safety measures, communication, medications, and focused assessments. It resulted in me and my partner trying to stabilize a critical post-operative patient. We were able to run through two scenarios on the first day and everyone switched roles.</p>	<p>Step 4 Analysis I can apply my knowledge and experience of working in the ICU as a secretary. I can observe nurses and their actions as their patients become critical. Everyone works as a team. Recently we learned about hypovolemia and the symptoms portrayed. The low blood pressure and then the site bleeding should have been indicators to what was happening with the patient. Hypovolemia arose from the surgery. The patient had poor perfusion to her vital organs due to low fluid volume. Which is why, the patient had a decreased level of consciousness and low blood pressure. The other scenario we were able to watch was different because the patient was stage 4 lung cancer and she had low oxygen saturation because she has "bad" lungs. The difference in perspective of myself and my partner was that he was able to notice such a high volume of solution ordered to be given and was concerned. I was worried about the patient worsening that I did not think to question the order.</p>
<p>Step 2 Feelings At the beginning I felt very nervous. Not only because we were taking charge of a patients care, but also because we had an audience of five other students and our instructor. I was thinking at the time, "I wonder what curve ball is going to be thrown at us when we enter the room". The event made me feel even more introverted, but it was good to get it done. I was not feeling as confident as my peers told me I seemed to be. When the student came in acting as the doctor to ask why we hadn't started the 500 mL over 30 minutes of Lactated Ringers made me realize that he was wanting a bolus of the solution to try to correct hypovolemia. It made me feel like I need to study more because I want to be able to make those connections faster. I felt good about the outcome, it took us some time get the situation going, but I learned a lot from it. The most important feeling was probably of me getting out of my comfort zone. It is important because as a nurse you always have an audience whether it be coworkers, family members, doctors, or the patient themselves.</p>	<p>Step 5 Conclusion I could have made the situation better by picking up on the symptoms and linking them to her progressing problem of hypovolemia. It went over both of our heads. I could have called the charge nurse into the room sooner to get a more experienced thought about the situation and incorporated their suggestion or guidance. I learned that there is always a resource to utilize such as more experienced personnel. I was reminded that it takes a team to care for a patient successfully and carefully.</p>
<p>Step 3 Evaluation It was good that both me and my partner walked into the room with confidence. We were able to collaborate between each other to find a solution or the next step. It was bad that we were slow with our actions, the patient continued to decline and became difficult to arouse. It was easy to walk into the room and interact with the patient and their family member to me. It was difficult to think quick on my feet and I did not think of asking the charge nurse for help when we were unsure about medication orders. What went well is that we worked as a team to get things done like, I reinforced the dressing while the other student called the doctor to notify him/her of the patients worsening condition. I feel like I did a good job at re-assessing the patient when the granddaughter told us she was getting worse. My partner did good at setting up the pump for the medication. Everyone did a good job at reviewing our good actions and what we could improve on. We did not expect the patient to be hypovolemic, but we adapted to the situation.</p>	<p>Step 6 Action Plan I think that the overall situation went well, I feel like the other students also learned from us since we went first. It gave them a heads up on how to possibly take care of their patient in their own scenarios. In hindsight, I would maybe make small notes as I am assessing the patient so that it might help me to look at the entire situation of the patient as it is progressing. I learned to pay attention to dehydration symptoms and hypovolemia symptoms. To look at the patient as a whole. This has taught me that maintaining professionalism with your patient and family members can help keep them calm to prevent them from worrying. So that they can trust us to take care of them or their loved one.</p>