

Covenant School of Nursing Reflective

<p>Step 1 Description Today during simulation lab, I had a patient who was admitted for pneumonia, with a history of Chronic Obstructive Pulmonary Disorder. My patient has been hospitalized several times due to pneumonia. During assessment, the patient's oxygen saturation was below 90% and could not catch his breath. I was playing the role as the nurse. The patient's nasal cannula happened to not be connected to the oxygen. The second nurse that was in the room discovered the problem. Once the oxygen was connected, we placed the patient back on 2 liters of oxygen and the patient's oxygen saturations began to increase.</p>	<p>Step 4 Analysis During my recent studies, I can conclude that oxygen is important for those who have COPD or pneumonia. However, those who have COPD, we do not want to give an excessive amount of oxygen. Giving an excessive amount can lead to oxygen dependency. Making sure patients with these conditions have an adequate amount of oxygen is greatly needed to get air flowing through the lungs. The need for oxygen is important for people with pneumonia to prevent further destruction and collapsing of the lungs. Oxygenation can also help relieve the mucus and other secretions in the lungs.</p>
<p>Step 2 Feelings At the beginning, the patient was having a hard time breathing. I did not know what the problem was, so I did feel concerned. At the time, I thought the patient had difficulty breathing due to his pneumonia and COPD. The patient had an inhaler on his medication list. I thought once we gave this medication to the patient, he might be able to breath much better. Once we discovered the nasal cannula was not connected to the oxygen, we got a sense of relief knowing once it was reconnected, the oxygen saturation would increase.</p>	<p>Step 5 Conclusion In conclusion, I have learned that oxygen is an important asset to those with COPD and pneumonia. If they did not have oxygen, it could be harder for them to catch their breath. This can also worsen the pneumonia in the lungs. There is not much I could have done differently. I lifted the head of the bed to help with lung expansion and helped with deep breathing exercises. Once we found the oxygen unconnected, we quickly placed it back to the wall and saw immediate increase in oxygen saturations.</p>
<p>Step 3 Evaluation The good thing about this event was that the only thing wrong was the nasal cannula was not connected to the oxygen. Once connecting the nasal cannula to the oxygen, the O2 saturation gradually increased to an appropriate percentage. Before finding the nasal cannula disconnected, we also found the bed rails down, the bed unlocked, and clutter all over the floor. This was not a safe environment for the patient. Making sure the room was cleaned up along with making sure the oxygen was at a correct flow was the priority.</p>	<p>Step 6 Action Plan Overall, this situation went well. I believe if the patient was not assessed properly, no one would have found that the nasal cannula was not connected to oxygen. In the future, I will be determined to make sure that the oxygen is flowing and not disconnected. This situation has made me more cautious when assessing a patient. Next time, I would teach the patient what it should feel like when oxygen is flowing through the nasal cannula, that way when it is turned off or disconnected, they can press on the call light and make sure it is connected properly.</p>

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