

Safety (physical and emotional):

1. Introduce self: *MET*
2. Identify patient (2 patient identifiers): *MET*
3. AIDET: *UNMET*
  - a. I failed to address the Duration that my procedures would take with the patient. In retrospect, I should have introduced myself by saying “Hello Mrs. CSON, my name is Taylor and I’m going to be your nurse today. Today, I’m going to give you your insulin, perform a respiratory assessment, and change your central line dressing. This should take about 20-25 minutes.” And then at the end, I would thank the patient and exit their room after applying hand sanitizer.
4. Allergies: *MET*
5. 4 P’s: *MET*
6. Fall Bundle: *MET*
7. **Medication Administration:** Medication, dosage, route, reason, assessment of route site(s), medication delivery equipment (IV pump, etc.): *UNMET*
  - a. I should have rolled the Lispro vial between my hands at least 10 times to loosen up and agitate the Lispro inside, but not shake it. I did verbally identify the Lispro, announce its dosage and route, and the reason for administration. I also properly assessed the site of administration, and no delivery equipment was needed besides my syringe.
  - b. While I did leave the med room with my tray, I didn’t verbally announce that I was taking it with me from the med room to the patient’s room in the video, so I should have done that.
  - c. I failed to go over the 7 med rights with the patient, so I should have covered that as well.
  - d. After I got a witness through Vesero to check the insulin that I pulled, I failed to perform the one-handed recap of my needle. This maintains asepsis, which is mandatory in medication administration.
  - e. I also didn’t raise the bed to a good working height during my medication administration, which is physically harmful to the nurse.

Critical Thinking:

- **Assessment:** See NII for critical elements pertaining to selected assessment(s):  
*UNMET*
  - During my respiratory assessment, I should have asked the patient if she was coughing anything up before asking about the color and consistency of her mucus when she coughs. It would just make more sense to ask that before.
  - On the 10th posterior lung sound, I didn’t move my stethoscope all the way over before announcing that I had reached the 10th spot. It looked a little rushed and made the identification of that 10th posterior spot confusing.
- **Procedure:** Assess, Plan, Implement, Evaluate (APIE), (Selection of appropriate equipment, time management, organization, etc.): *UNMET*
  - During my CVAD dressing change, I failed to state that the lumens were clapped and that all of the lumen had their orange caps on. This falls under the appropriate equipment category.

- When I was anchoring the lumens during the CVAD dressing change, I was touching too close to the insertion site, and should have anchored the lumens further away from the insertion site. Doing this instead would have reduced the risk of pulling out the central lines.
- During the dressing change, I also should have lowered the bedside rail, since I was reaching over it the whole time. Doing that would have reduced the risk of breaking asepsis, and it would have made it easier for the viewer to see my sterile field.

Standard Precaution:

- **Asepsis:**
- Hand hygiene:
- Don and change gloves (as indicated): *UNMET*
  - When donning my first pair of gloves, I let my hands drop below waist-level at one point, which is a breach in asepsis.
  - While donning my second pair of sterile gloves, I failed to fold down the bottom part of my 1 inch border.
  - The paper around my second pair of sterile gloves came back down and touched them, which is a breach in asepsis. I should have stopped, thrown them away, grabbed a new pair, performed hand hygiene with a hand sanitizer packet, and donned the new pair.
  - Before administering the Lispro, I ripped one of my clean gloves at the cuff on accident and addressed the mistake out loud in the video. I kept them on because the location of the tear wouldn't have made physical contact with the patient on any equipment; thus, asepsis was preserved.
- Clean equipment (stethoscope, pulse ox, bedside table, med tray, etc.): *UNMET*
  - After I wiped my bedside table with the alcohol wipe, I didn't emphasize that it had dried, and placed my CVAD kit on the table. I should have cleaned it, announced that it had dried, and said that it is important to wait for the table to dry in order to preserve asepsis.
- Sterile procedure: *UNMET*
  - When opening my sterile gloves, the paper fell back and touched my gloves, which was a breach in asepsis. In reality, I should have started over with a new pair of gloves since those became contaminated.
  - While I was removing the patient's CVAD dressing, I accidentally touched the patient's gown while I had sterile gloves on. I failed to identify and verbally announce that, and I should have removed those gloves and donned a new sterile pair.
- Medication preparation: *MET*
- Medication delivery: *MET*

Documentation:

- **Teach patient:** *MET*
- Medication: *MET*
- Procedure: *MET*
- Scan patient: *MET*

- Scan medication: *UNMET*
  - I didn't scan the QR code after administering the Lispro and before placing my needle in Sharps.
- Save med documentation: *MET*
- Document assessment findings: *MET*
- Document procedures: *MET*
- Save all documentation: *MET*

Human Caring and Relationship:

- Respect, active engagement, authenticity, empathy, etc: *MET*

Professional Role Performance:

- Appearance, preparation, behaviors, resource management, etc.: *UNMET*
  - I didn't take the med tray with me when I left the room, which was unprofessional.