

<p>Step 1 Description</p> <p>I was preparing to give medications to my patient. I wrote down everything I was going to pull and made sure I knew what each medication was used for and if any assessments went along with it. I noted that Metoprolol is a beta-blocker so a side effect I need to watch for that will be bradycardia. An assessment is needed before giving the medication and that is taking an apical pulse for a full minute. I took the apical pulse and it was 54. Therefore, knowing that Metoprolol cannot be given if the apical pulse is under 60 I did not pull the medication. Once inside the patient room, I explained why I would not be giving them that medication, but they were very persistent that they needed it for their high blood pressure. With that, my nurse and I went back into the med room and pulled it to administer even with advising the patient it wasn't safe.</p>	<p>Step 4 Analysis</p> <p>The others around me also thought that the patient should not receive the Metoprolol, but since the patient was insistent upon it we gave it. One of the patients friends is a doctor, and the doctor told them that it would be fine taking it. I don't know what their relationship is like or how close they are, but the patient obviously trusts them. I realized that no matter how often we told the patient that this medication can drop their heart rate to dangerous levels they weren't going to listen to us because they had a greater level of trust and relationship with the doctor friend. My nurse seemed to know what to do in that situation and just showed me how to document about the situation for future reference. I believe the primary physician should've just put in another order to lower her blood pressure!</p>
<p>Step 2 Feelings</p> <p>At the beginning I felt confident in the fact of knowing the patient's apical pulse was low for the protocol for administering the Metoprolol. When the patient had stated they wanted to take the med even against us advising them not to I was confused. I knew that patients can refuse meds, but I didn't know that they can decide to take them even if the nurse doesn't agree. That was a first for me. Due to that, I was nervous administering it because if her heart rate drops super low and something happens it's because I gave them the med. I would feel like its my fault. I learned that documentation is really important in that aspect because if something were to happen the nurse needs to have their behind covered. I felt like I watched the telemetry computer all morning because I was nervous that it was going to drop!</p>	<p>Step 5 Conclusion</p> <p>I also found it strange that the nurse didn't end up calling the physician before going ahead with the administration of the medication. I mean obviously the order is in the computer, but the apical pulse was below the protocol to continue with admin. I know the patient wanted the medication, but if I thought they shouldn't have it I feel like I would've just called the primary physician who put the order in. That way I could chart whatever the physician replied back with just to cover my behind some more. From this event I learned that sometimes patients will want something even if you advise against it, which is something I haven't been able to experience in clinicals until today. I learned that documentation is so so so important because you never know what could happen.</p>
<p>Step 3 Evaluation</p> <p>The situation was good to see because I didn't know that it was even possible to administer a medication to a patient even if you advise against it. It was also good to see because I learned how to document about that kind of situation to where I wouldn't get in trouble if something bad were to become of it. I expected a different outcome after giving the Metoprolol than what actually happened. The patient's heart rate ended up staying at around 50-60 which is where it was before I gave the Metoprolol. I expected the heart rate to drop significantly like in the 30s, but I'm sure glad that it didn't! It was difficult to understand why the patient still wanted to take the drug, to me it just felt unnecessary, but I'm all about patient autonomy! I feel like there was good teaching presented to the patient though, so she was able to make an informed decision.</p>	<p>Step 6 Action Plan</p> <p>Looking back at the situation I would've asked the nurse why they didn't want to call the doctor just for confirmation. I'm not questioning the nurses decision I'm just curious why they didn't call the doctor. Would the doctor think it was unnecessary to call? It's just that I would've been too scared to administer the medication thinking it could bring their heart rate to dangerous levels. This experience though brought opportunity to teach the patient about the medication and why I would advise against taking it. This situation definitely improved my practice for the future especially with the idea of charting and documenting exactly what happened just so I wouldn't get in trouble. I had a very good experience with my nurse this week and I think they brought a lot to the table for my future practice.</p>