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This week's sim experience in the classroom made us students think in a way we have not done before. I came into class expecting to have something similar to the case studies we have done before. Instead, it was a board game, that was actually very interesting and fun to play. The game made us put nursing diagnosis together along with interventions for a specific patient that had different problems going on. Everything was drawn at random, which made things get very interesting. The game also had us prioritize different interventions. Which was tricky, I am not going to lie. One of the biggest things I added to my learning was that it is important to look at a patient's vitals and labs. These two things are very indicative of what is going on in a patient. Even if the patient has C. Diff, it is important to look at the labs and vitals, before making it a top priority. We all learned that the hard way. Another thing that I learned was what rapid response was. I thought that you would call a RR when a patient is already coding. That is not the case, you call a RR when you see that a patient is on the road to a code blue or when you get a gut feeling that something is going wrong. For example, you can call a RR when you patient meets all of the sepsis symptoms from the mews tool. A RR can also be used by the family. If the family feels like no one is taking their thoughts into account, then they may use the number for RR to get help. Another thing I learned from today was, exactly how a nursing diagnosis works. It is basically a problem that you find within the patient, and it has to be a problem you can fix yourself without a doctor's order. An example of one of our first nursing diagnosis for one of the patients was fall risk. An intervention to fix that was to use guard rails and maybe a walker. Overall, playing this game made me feel more comfortable with the nursing diagnoses, the nursing interventions, and how to prioritize.