

Covenant School of Nursing Reflective



Learning to be a reflective practitioner includes not only acquiring knowledge and skills, but also the ability to establish a link between theory and practice, providing a rationale for actions. Reflective practice is the link between theory and practice and a powerful means of using theory to inform practice thus promoting evidence based practice.” (Tsingos et al., 2014)

Using the Reflective Practice template, document each step. The suggestions in the boxes may help you as you reflect on the incident. This Reflective Practice document will be reviewed by faculty and then you will post the final reflection in your LiveBinder folder.

<p>Step 1 Description A description of the incident, with relevant details. Remember to <u>maintain patient confidentiality</u>. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions</p> <ul style="list-style-type: none"> • What happened? • When did it happen? • Where were you? • Who was involved? • What were you doing? • What role did you play? • What roles did others play? • What was the result? 	<p>Step 4 Analysis</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge, studies or research? • What recent evidence is in the literature surrounding this situation, if any? • Which theories or bodies of knowledge are relevant to the situation – and in what ways? • What broader issues arise from this event? • What sense can you make of the situation? • What was really going on? • Were other people's experiences similar or different in important ways? • What is the impact of different perspectives eg. personal / patients / colleagues?
<p>Step 2 Feelings Don't move on to analyzing these yet, simply describe them.</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the final outcome? • What is the most important emotion or feeling you have about the incident? • Why is this the most important feeling? 	<p>Step 5 Conclusion</p> <ul style="list-style-type: none"> • How could you have made the situation better? • How could others have made the situation better? • What could you have done differently? • What have you learned from this event?
<p>Step 3 Evaluation</p> <ul style="list-style-type: none"> • What was good about the event? • What was bad? • What was easy? • What was difficult? • What went well? • What did you do well? • What did others do well? • Did you expect a different outcome? If so, why? • What went wrong, or not as expected? Why? • How did you contribute? 	<p>Step 6 Action Plan</p> <ul style="list-style-type: none"> • What do you think overall about this situation? • What conclusions can you draw? How do you justify these? • With hindsight, would you do something differently next time and why? • How can you use the lessons learned from this event in future? • Can you apply these learnings to other events? • What has this taught you about professional practice about yourself? • How will you use this experience to further improve your practice in the future?

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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</p> <p>During clinicals this week I had the pleasure of taking care of the sweetest patient who was admitted for a small bowel obstruction three weeks ago. Wednesday morning as soon as we got on the floor my nurse and I went to assess the patient and her blood pressure kept rapidly dropping. She was already on an Albumin drip to raise her blood pressure but she remained hypotensive. My nurse informed us of putting the patient in Trendelenburg as well as start her on lactated ringers after consulting with the surgeon. The patients blood pressure began to rise as we monitored every 15 minutes with the new fluids running. We stabilized her to 104/ 73 and the patient remained calm throughout the whole event.</p>	<p>Step 4 Analysis</p> <p>With previous knowledge, I knew about putting a patient in Trendelenburg with a hypotensive crisis but at the moment I did not remember until the nurse I was following suggested it. According to literature, Trendelenburg position increases blood flow back to the heart by enhancing the blood pressure throughout the body. With a hypotensive crisis, a blood pressure lower than 90/60 can result in loss of consciousness and poor blood perfusion. Something I believe may have caused her hypotension is being bed bound for the past two weeks as well as being malnourished with NPO status from post operative surgery.</p>
<p>Step 2 Feelings</p> <p>In the beginning I felt concerned but remained calm and confident my nurse I was following knew the correct actions to take. I was thinking of all the factors that could have caused the hypotension with one risk factor being that she was on so many medications. I felt relieved when we finally stabilized her blood pressure and really admired my nurse on how she talks to professionals and thinks so quickly in serious events. The most important feeling of the outcome was that I was proud I remained calm and kept the patient calm throughout the incident.</p>	<p>Step 5 Conclusion</p> <p>I found this situation very informative and that all the right actions were taken to stabilize the patient. I learned to critically think in a quick way and my nurse informed my partner and I all the correct steps to stay on. Something that could have been monitored before is the previous shift nurse monitor closely to the blood pressure being that she was on Albumin to raise it. If we had not caught the hypotension the patient could have gone down hill pretty quick considering her post op condition.</p>
<p>Step 3 Evaluation</p> <p>This event taught me how a simple nursing intervention can impact a hypotensive crisis quickly. I realized that medications are not the only fix to treating a patient. Something easy that occurred was our patient remained compliant with the intervention and tolerated Trendelenburg. Before the intervention her systolic blood pressure was in the 70s and after it bumped up to the 100s. For the outcome I was unsure of what would happen because I have always heard of this intervention working but never seen it in a clinical setting. My partner, Nurse and I acted quickly and notified the charge nurse to call the surgeon to get fluids started right away.</p>	<p>Step 6 Action Plan</p> <p>I am relieved my sweet patient was talkative, cooperative and stabilized at the end of the event. In the future, I would monitor a patients blood pressure more closely when being on any type of drip to stabilize a blood pressure. My nurse was proactive and confident throughout the situation and communicated professionally with other members of the health care team. Within the healthcare field, it is important to be professional with other members of your team and to act quickly and appropriately with monitoring signs and symptoms of a potential crisis.</p>