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| <p>DESCRIPTION:</p> <p>During patient handoff the night shift nurse made it apparent that the patient can become agitated easily and was unable to aphasia. The prognosis of the patient's disease was cellulitis along with constipation. The patient's daughter was extremely frustrated because she was no longer able to communicate with her mother and as a result her mother would get very upset. I began to realize that the patient would only begin to yell when she needed something that she couldn't communicate. I also learned that she is able to still understand commands; however, her refusal to use a bedpan began to cause issues with the cellulitis of her LLE (ankle). When I walked into the room she was yelling and I attempted to calm her down by holding her hand and giving her a gentle massage. I let her "say" what she wanted to say; however, I noticed that using a "art cartoon chart" to communicate more effectively what she needed from us. Once she completed the task she wanted us to help her with, she would become relaxed, less shaking, and no yelling. I quickly associated her yelling with her wanting a brief change, hungry, or in pain.</p> | <p>ANALYSIS:</p> <p>Something I could have applied to this situation is offer the patient chaplain service. Everytime I would walk into her room she would be reading her bible and point at it for me to read something. I assume that her religion comforts her in the situation she is in and allows her to have a sense of security.. Not only would that allow her to feel safe but it will allow her to get closer to her faith and have hope in her situation. A broader issue that arose after this situation was that the patient refused to use the bedpan. Her daughter would make us use the bed commode but after two trips, her cellulitis became very swollen. We had to explain to the daughter that this was crucial in order for her infection to heal. Since the patient was able to understand us she was very upset because she didn't want to have a bowel movement on herself. What I believe was going on was that the patient felt she was losing a complete loss of independence. The patient verified my thoughts when she refused for me to wipe her and only wanted to wipe herself despite her not being able to.</p> |
| <p>FEELINGS:</p> <p>When I walked into the room she was yelling and I attempted to calm her down by holding her hand and giving her a gentle massage. I let her "say" what she wanted to say; however, I noticed that using a "art cartoon chart" to communicate more effectively what she needed from us. Once she completed the task she wanted us to help her with, she would become relaxed, less shaky, and no yelling. I quickly associated her yelling with her wanting a brief change, hunger, or pain. At the beginning of my interaction with this patient I felt very sorry for her because she</p> | <p>CONCLUSION:</p> <p>I believe that I could have made the situation better if I had learned better ways to communicate with people who are experiencing aphasia. Especially when they're already dealing with confusion and dementia. I believe that I should have applied some of the information I forgot about in neuro lecture (ie. giving the patient two options rather than asking them open questions that they can't answer) in order to make the situation better. I believe that I could have made the situation better by asking better open questions that would allow the daughter to think of how she</p> |

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| <p>was unable to let anyone know what she wanted or felt. I knew she was frustrated and upset that she lost her ability to communicate with others around her. It would get her to such a frantic and agitated state that it would be difficult to get her to calm down. I believe the most important emotion/feeling that I have about this situation is empathy. Trying to understand what I would feel if I was no longer able to talk to others the way I used to or care for myself like I would like. I learned that putting your loved ones in your patient's position allows you to take on situations from a different perspective and sense of care. I believe this feeling is important because in order to provide amazing patient care you need to have empathy in order to advocate and care for someone who needs you in their time of "weakness".</p> | <p>really is feeling about her mother's situation. Her mother has dementia, therefore, it is known that most children have to mourn the death of their patients while they are still alive. The main thing that I believe I learned from this situation, is that most patients don't cry or yell all the time for no reason or for attention. Many of the times it's because they have a legitimate issue (in my patient's case she has an OVER hyperactive bladder) therefore, she was constantly calling us to change her brief (but was not able to communicate at all)</p> |
| <p>EVALUATION:</p> <p>I believe that the best thing that came out of this clinical was that I learned of a new way to communicate with others who are not able to verbalize communication with me. I also found new ways to be able to comfort and care for my patient in a manner I would want to be cared for. I was able to allow my patient to be heard when I used the information that I was taught in previous modules in our conversations. I think the most difficult part of this situation was dealing with the daughter who was upset with the miscommunication between her and her mother. One thing that I do believe went well was that the patient was able to tell us "thank you" and grab our hands once we helped her. It gave me a sense that we did something for her and she understands that we are there to care for her. I feel that I contributed by helping the patient feel heard when her family was no longer there to listen to her. I tried my best to comfort her and find different ways that we could communicate (writing, cartoon charts, etc) to see how she feels in her state of emotion. .</p> | <p>ACTION PLAN:</p> <p>One thing that I believe was disappointing was how some employees would assume that the patient was just acting like that because she wanted to. I was also very upset about how her wound came from her nursing home. In my opinion I believe it shows poor care since the patient's cellulitis was extremely bad compared to the other cases that I saw on the orthopedics floor. One thing that I would do differently the time that I encounter someone in this similar situations (aphasia and dementia) is to not ask so many opened questions and to not ask them to write things down as a form of communication. I noticed that when I would try those options that the patient would write extremely small and uncoordinated due to the shaking in her hand. I also noticed that when I would ask her open questions that she would try to talk clearly but then notice no one understands her, and that would make her extremely upset. This situation taught me that human contact and empathic care is crucial for not only physical care but especially psychological care. It also</p> |

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| | <p>showed me that I shouldn't trust what some nurses or aids tell me true when they speak about patients and why they're acting the way they do. We're not in their situation therefore it's not right for us to act like she knows what it's like.</p> |
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