

Covenant School of Nursing Reflective

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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 A 24-year-old female was admitted on February 27, 2022 at 1000 who's complaining of severe N/V/D. She was admitted 6 days ago due to severe HA but was sent home and came back complaining of diarrhea and abdominal pain. I was the student nurse in South 8. I was following Mary Jane who was the nurse assigned to her that day. I did my assessment on her and administered her morning medications with my nurse watching over me. Mary Jane was very helpful and she let me retrieve the medications from the pyxis and taught me how to prime a bottled IVPB of Ofirmev, a premixed Acetaminophen that we administered on the patient. The admitting diagnosis of the patient was presumed Mesenteric Adenitis/ Mesentary Adenopathy because there were no definitive diagnostic tests to diagnose the disease. They had to rule out possible diagnosis that's why they sent her for colonoscopy on February 28, 2022 and the result was pending.</p>	<p>Step 4 Analysis I was able to apply the basic trainings that we learned from previous modules especially the knowledge of getting the vital signs first and doing the assessment first before administering the medication. I was also able to apply what I learned about IVP and IVPB and using the pump. My patient was complaining of pain almost of the time so we, I and my nurse, wanted to stay ahead of the pain before it gets worse so I would always check on her to reassess her how the pain medication helped her and check about her PRN meds so that we can administer them anytime she asks for them. It was always about the pain that gets me and my nurse going back to her room aside from her feeling of nausea and general body weakness. She complains of having abdominal pain, severe headache and lower back pain because of the lumbar puncture they did on her. I think my classmates had different patients which also brought challenges to them like I did, and we all learn new things during the event. Other people's perspectives and opinions matters, like the nurse's opinion, because she has been on the floor for 16 years and as they said, experience is your best teacher.</p>
<p>Step 2 Feelings I was feeling nervous but at the same time excited because I was thinking that I might get an interesting patient that we barely discussed in our class and lucky enough, I got a patient with Mesenteric Adenitis. At first, I was a little hesitant to take her as my primary patient because I had no idea what mesenteric adenitis is, but when I looked it up what it was, I was able to tell myself that I can deal with it. Mary Jane was very encouraging and was asking what I can do and cannot do as a student nurse and that made me feel comfortable following her. I was glad to be able to help our patient especially with her pain. I was happy about what happened in our clinicals because I learned a new disease and what it does to the body. It is important because it made me good that I could things independently with little assistance from my nurse.</p>	<p>Step 5 Conclusion I personally think that nothing went wrong while I and my nurse went to provide care for our patients. We were able to administer our patients' medications on time, we were able to provide teachings and educations for them, and we were able to provide nursing interventions such as staying ahead to manage their pain. If there was anything that could make the day better, I believe, is when all of our patients are able to go home and manage their symptoms well. I wouldn't do anything differently because I believe I did my best to provide what I can do as a student nurse in assisting my nurse and as a student nurse in providing care for our patients. I learned how to prime a bottled IVPB different to other IVPB bags. There is an opening in the chamber of the line that has to be kept open if doing a bottled IVPB.</p>
<p>Step 3 Evaluation I think the best thing about the event is the feeling of satisfaction after being able to do my assessments, doing med administration with my nurse and being able to help others ease their symptom of their illness. I don't think there were anything bad that happen while we were at the clinicals and there was nothing that much of difficulty because my nurse was always present to answer my questions if I had any, and all of her patients were very kind, responsive and respectful with the staff. I did really good with my assessments being able to start a conversation with my patients and I also did great with my med administration that I only needed little assistance from my nurse. I did not expect anything unusual of an outcome, all I had to do was follow my nurse and provide attention and care as much as we can to help our patients. I think I was able to able to help my nurse with her patient rounding, med administration, assessment, and was able to provide attention to our patients who were in need of help.</p>	<p>Step 6 Action Plan I think the clinical has provided us, students, an adequate learning about the hospital settings because we were able to interact with real patients, give real medications and interact with other nurses and nursing aides. I can conclude that nurses knew more about the patients than the physicians because they are the ones who are always present at the bedside, they are the ones who always interact with the patient and they are the ones who provide more care for the patient. I wouldn't do anything differently in the future because the nurse that I followed today was so good that all of our patients complement her for what she does and that created an impact on me. The clinicals taught me to be more patient, attentive and careful because we, as care providers, risk the patient's life with whatever we do in the hospital. I will use this experience as my learning guide so that I can become an efficient and better nurse in the future.</p>