

<p><b>DESCRIPTION:</b></p> <p>During the patient report I went over my patient's labs and vital signs. I was assured to look at the contraindications for each medication and critically thought why I should hold a medication. I looked at the eMAR and wasn't sure about what medications I needed to give at that moment. I went ahead and decided to just give Levofloxacin. Once I entered the room I did a neurological assessment and successfully assessed my patient. After assessing I educated my patient about his antibiotic and administered it IVPB. I completed my CPE by doing my universal competencies such as red rules, four p's, handing call light, and washing my hands. After I finished I was then informed that I didn't administer a PRN medication for fever. As a result I had an unmet and realized that I failed to critically think through my medication administration. Once I came back for my second attempt of CPE I was informed that my role as the nurse was to administer a PO medication. Once I entered my patient's room I performed my universal competencies and verified the patient's name, DOB, and allergies. I then left the room to collect the medication but before leaving I assured to give the patient the call light as a safety precaution. At the pyxis I attained the medication, compared it to the eMAR, and assured that I had the correct patient. After I put the medication in the patient's medication tray I went back into the room and washed my hands. I again verified the patient's name, DOB, and allergies. After verifying I scanned the patient's wristband and medications. I then informed the patient about their Clopidogrel, side effects, route, dose, frequency, and taught the patient about what things they should report to me. I then asked the patient if they had any questions and they stated no. I then administered the medication with a small</p>	<p><b>ANALYSIS:</b></p> <p>One thing that I can apply to this situation that I learned from previous knowledge is to assure to understand the patient's orders and what medications I can administer with my judgment. A broader issue that I believe arose from this situation is that I didn't administer a medication that could have helped my patient's circumstances. I would have left my patient to deal with a fever rather than giving them the antipyretic to help with the patient's comfort. A sense that I can make from this situation is that critical thinking is an acquired skill that I will learn throughout nursing school and the mistakes that I make in simulation. When I was finally able to speak with my peers after they completed their CPE I realized that the small things do matter such as washing hands, completing assessments completely, and correctly. Some of my other peers who successfully completed CPE the first time shared how they went throughout their scenario and how they were assured to read the reasoning behind each medication. This allowed me to look at situations from other people's perspectives and acquire different ways to critically think.</p>
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<p>amount of water since they were NPO. After administration of the medication I completed the universal competencies, handed the patient the call light and washed my hands. I then said goodbye to the patient and completed my CPE. I was then informed by the instructor that I did pass CPE and I was considered met.</p>	
<p><b>FEELINGS:</b></p> <p>During my first round of CPE I felt very stressed and worried that I was going to miss a very crucial part of my CPE. I didn't feel confident when I was reading the eMAR because I wasn't sure what I should or shouldn't give. I didn't read the eMAR completely and didn't realize I could administer Acetaminophen for the patient's fever until I was informed after completing my CPE. I felt extremely disappointed in myself because I felt like if I couldn't critically think that through then how would I be as a nurse in real life situations. However after speaking with my mother, I realized that many of the times that I will learn the most is when I make mistakes like this. She told me that mistakes like this will humble me and help me better my thinking skills later in life. I then knew that I couldn't beat myself up over something like this and that it was a setback for a comeback. When I came back for my second attempt of CPE I was more aware of my patient's vitals and what I needed to administer. After successfully administering the medication I felt a weight be released off my shoulders and felt better about my skills. I believe the most important feeling that I had to feel during this experience was failure. I noticed that many of the things that we learn in nursing schools are based on other people's mistakes. I realized that in order to be a great nurse we first have to be humbled by the errors we make not only in nursing school but the mistakes that we may and will make in real life.</p>	<p><b>CONCLUSION:</b></p> <p>I believe that I could have made my first CPE better by calming down and not being so nervous about what could go wrong. Instead of thinking of the different ways things could go south, I should have put more focus on all the things that could go right. I truly believe that I fed into a negative perspective of CPE and as a result it inhibited my thinking skills. I should have relaxed before going into the patient's room and completely read the eMAR and looked for PRN meds and not just the medications that were scheduled to be administered. The main thing that I learned from this experience is that mistakes are always bound to happen. Whether it's life threatening or something simple as not administering Tylenol. It is always a learning experience and it's meant to humble me as not only a nurse but also as a person.</p>

<p><b>EVALUATION:</b></p> <p>I believe the best thing that came out of the event was that I was able to learn from such a simple mistake and that I will most likely never make it again. I also think that my mistake taught me to forgive myself and learn to take my mistakes as a learning moment. I think the worst thing that happened was the fact that I wasn't able to read the eMAR and use my nursing judgment to administer an antipyretic when my patient's vitals were a clear indication for it. I believe the easiest thing about my second attempt was that I just had to administer a PO medication rather than having to go through a completely different scenario. The most difficult thing in my opinion was being able to read the eMAR and critically think on what I should give based on my patient's values. One thing that I believe went really well during my CPE was my neurological assessment because I did it correctly without having to look at my cheat sheet. I expected to pass my CPE the first time I went because I felt that I held the right medications; however, I was informed that I failed due to the fact that I didn't administer a PRN medication.</p>	<p><b>ACTION PLAN:</b></p> <p>My overall thoughts of my experience in CPE is that I'm human and that I will learn to become a better nurse through experience. Whether it's a mistake or a successful experience, I should be able to accept constructive criticism. One thing that I would do differently in my following CPEs is to read everything and take a deep breath. After I started my CPE I noticed my nerves go away and that I was stressing over something that I cannot change. Instead of getting caught up in my emotions, I should become more mindful and become more present in these situations rather than be lost in my mind. This even taught me that no matter what mistakes I make as a student or nurse I will overcome them and become a better nurse/student as a result of them. I will use this experience to better my critical thinking skills and nursing judgment in not only simulation/CPE but also in the clinical setting as well. I have yet to fail a CPE and failing this time humbled me and allowed me to work through the internal turmoil I was going through.</p>
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