

Covenant School of Nursing Reflective Practice

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>In simulation clinical, my patient came in the hospital for a pressure ulcer on his sacrum and has a history of T2DM. My classmate and I went in his room together as we were both his nurses. Additionally, another classmate acted as the patient's wife, and she was also in the room. Before this simulation activity, we were given the patient's admitting diagnosis, a brief history, and some of the medications, therefore we were able to prepare by brainstorming some ideas and tasks we might need to perform. However, the scenario did not play out as I expected.</p>	<p>Step 4 Analysis</p> <p>From my previous knowledge in learning about diabetes, I know it is very important to educate your patient the symptoms of hypoglycemia and to note if they take any medications that might mask those signs and symptoms. Additionally, I know that if a patient's blood glucose starts to drop and gets very low, one needs to administer simple carbs such as orange juice, hard candy, or coke. On the other hand, if the patient is unable to swallow, for example, my patient, then it is important to follow hospital protocols that might involve administering D50.</p>
<p>Step 2 Feelings</p> <p>Due to my patient having T2DM, I assumed my classmate and I would be checking blood glucose levels, administering insulin according to the sliding scale, and focusing on caring for the sacral wound that was infected. However, when we entered the room, the patient expressed that he felt nauseous and started vomiting, therefore we had to critically think and prioritize our tasks. In the moment, I felt flustered as it was important to get medication for his nausea, but there were other things that we needed to assess, like his wound, before doing so.</p>	<p>Step 5 Conclusion</p> <p>I was very pleased with this experience and learned a variety of things that I plan to implement in the future. I have learned how to think on my feet, adapt to a situation, and how to prioritize my tasks.</p>
<p>Step 3 Evaluation</p> <p>Overall, I feel my partner and I executed the scenario well, given that we went in blind as we were the first group to go. I didn't expect our patient to have a hypoglycemic episode, so I wasn't fully prepared, however, my partner and I adapted well and figured out a plan in the moment on what was needed to be done. While my classmate was in the medication room preparing the IV pushes, I grabbed the D50 from the pyxis and administered it to patient due to the fact he was decreasing in LOC.</p>	<p>Step 6 Action Plan</p> <p>Previously, in hospital clinicals, I would notice not very many nurses doing bedside report in the actual room. They would just give report outside the door and go into the room when it was need, such as morning medication pass. However, from this experience I have learned how important it is to add just a few minutes in that report time to check on the patient with the night shift nurse in that moment. In doing so, you are able to get the full and correct information on your patient and be there to assist you patient if they are in need.</p>