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<p>Step 1 Description My patient was an 84-year male diagnosed with urosepsis. Patient came into the ED with confusion and disorientation. 16 F foley catheter was placed in the ED with cloudy yellow urine. His home meds are for hypertension and a blood thinner for a CVA 3 months ago. The patient is receiving normal saline @ 80 ml/hr. for fluid replacement and Levofloxacin for urosepsis infection. All labs within normal range except elevated WBC and decreased H&H and platelets. The patient has a history of hypertension and a CVA 3 months ago and was started on a blood thinner, two hypertension meds, an IV antibiotic, and two pain medications for different severities of pain. I played the role of the primary nurse and assessed the patient and gave the morning meds.</p>	<p>Step 4 Analysis I used what I learned with the 7 rights of medication administration, 4p's, fall bundle, and universal competencies to keep the patient safe and prevent falls and medication errors. Bodies of knowledge that are relevant to this scenario are patient safety, medication administration safety, and ethics. A broader issue that arose during my scenario occurred when I put all four bed rails up. I thought this was a fall precaution but failed to recognize this as a restraint for my patient. I should have left 3 rails up and one down for this to be considered fall safety rather than restraints. There is great importance in colleagues and others perspectives of the scenario, they are greatly beneficial and can bring different ideas of more efficient or safer ways to practice nursing.</p>
<p>Step 2 Feelings I was nervous at the beginning but made my check list of the medications I would both give and hold and the reasons as well as the universal competencies in the prep time which made me feel better so I could check off as I went through the scenario. The events went smoothly as the scenario progressed. The instructors were quiet and sat in the corner of the room which did not bother me or make me nervous at all. I think the final outcome went well and my nerves went away as I went. The most important emotion during the scenario is confidence. I knew I had been taught the material and had done it multiple times which gave me confidence in the CPE and not doubt myself.</p>	<p>Step 5 Conclusion I could have made my scenario better with one of the universal competencies, I put all four bed rails up which is considered restraints rather than safety which I did not know but do now. I also should have slowed down on my medication education a little more to be sure to hit all of the points I wanted to. Overall, I completed most of the things I wrote down I wanted to be sure to hit, if I would have slowed down just a bit, I think I would have hit all of them. I believe the CPE made me more confident in my skills. I learned that all four bed rails up is considered restraints.</p>
<p>Step 3 Evaluation I liked that I had the history and meds of the scenario to look at before so I could think about the disease process and medications that related and why. I think having the scenario before made the CPE easier. It was difficult in the prep time to decipher through the meds, orders, assessments, and current vitals and status of the patient but I felt as if I had plenty of time to create a plan of action. I think taking care of my universal competencies when I went into the room such as the call light and bed rails was beneficial so I could mark it off quickly and focus on medications fully. Nothing went drastically wrong in my scenario, there were just a few minor things I would have liked to slow down on such as education in during my med administration. My instructor and her observer were calm and didn't bother me or make me nervous and gave great feedback when the scenario concluded.</p>	<p>Step 6 Action Plan From my scenario, I took away confidence in knowing I have the skills to critically think through medication administration and assessments as well as patient care/patient safety on my own. Overall, I believe the scenario went well and made me more comfortable and confident in nursing on my own one day. I can apply this information to the clinical setting moving forward as well as my career one day. In hindsight, the only thing I would have done differently was slow down in my scenario just a bit, but I also believe that will come with time as my nerves go away and I become more confident in my nursing skill set. I also will continue to work on my medications and teaching to benefit myself and my future patients.</p>