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Covenant School of Nursing Reflective

Step 1 Description • Patient's history listed hypertension and experience a CVA 3 months ago. Patient was admitted to the ER from a long-term facility with severe pain on the flanks, fever, high blood pressure, confused and couldn't urinate. Cultures were taken. Foley catheter was placed in the ER and is on a high risk for falls prevention. The PCP diagnose the patient with sepsis. Patient was transferred to med-surg floor. I took report at 0800 from night shift nurse to take over on the patient's care. • In report, the things that popped out to me to assess was his pain level, vitals, bladder, catheter, and LOC. I noted that the patient had a low B/P, confused and noted when was the last time pain medication was received and what other medications were given and due next that could interfere with current vitals.	Step 4 Analysis • The knowledge of understanding how medications can alter the vital signs was key in this scenario. If the blood pressure and the pain medication were to be given to the patient it would have caused a severe negative impacted that would have led the patient to a coding situation. Also, understanding how sepsis works and what it can do was key on what to look for when caring for this patient. Being able to recognize which assessments to perform was very important to catch any changes or declines in health.
Step 2 Feelings • I was feeling concern on the situation and information received in report. As I gather my thoughts on what I received on the report, I was then able to set my priorities on what to do when walking into the patient's room. After jotting down the most important things I need to address that popped out to me as abnormal; I started to feel confident going forward. • I felt that this event made me feel confident on being able to understand what was needed to do and accomplished. What areas I could improve on. The outcome was a success and I built on this event to know that I do have the capability to think critically and maintain the patient safe through it.	Step 5 Conclusion •I learned that the SBAR really helps on communicating the history and current situation to be able to plan and prioritize. I was able to be successful by following the universal competencies knowledge and experience I was exposed to in clinical rotations and in lectures.
Step 3 Evaluation • I was able to prioritize what was needed to be done in the patient's room and maintain universal competencies through it all naturally. The communication between the patient and I was smooth, and I was able to teach and educated through it well. Understanding the clinical decisions, I needed to accomplish and evidence-base practice help lead me to a positive outcome.	Step 6 Action Plan •This CPE experience has built my confidence on knowing that I am on the right path, and I can perform well to care for someone's loved one. The experience from clinicals played a huge role on helping me plan out my next steps and what things to look for in the chart that are important to know before entering the patients room. Also, being exposed to different diseases or infections or situations helped me see cues or understand what assessments to perform. I was able to apply my exposed experience from clinicals to CPE and it led me to success on feeling confident taking in and taking control on the situation.

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