

CPE Module 4

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>The patient had a fever, chills, malaise, and changes in levels of consciousness by being alert and oriented to name and date of birth, but not to time or location. The vital signs reflected the diagnosis. The patient was diagnosed with urosepsis by bacteriuria and bacteremia. It happened on September 25th, 2023, at around 1030. I was the nurse involved in his care with Dr. Nesbitt and an LVN to RN instructor as my proctors.</p>	<p>Step 4 Analysis</p> <p>I was able to apply my studies to the situation because Mrs. Moreno's lecture described what the signs and symptoms of the urosepsis patient would entail from the vital signs to the behavior of the patient. The urosepsis patient would have low blood pressure, high heart rate and respirations, and a high fever. The patient's fever was declining shows the effectiveness of the antibiotics on the bacteria in his urine and blood stream. The patient's change in LOC or delirium was due to his diagnosis and is common in elderly with UTIs and urosepsis.</p>
<p>Step 2 Feelings</p> <p>In the beginning, I was nervous because of the different possibilities the situation could go. At the time, I was freaking out about don't forget this step and the next. The CPE parts of the module always stress me out regardless of the support from the professors or how many hours I study for the scenario. I felt relieved when the CPE was concluded, and they told me I passed; I was running through my head the different possible things I could have done wrong. I almost forgot to wash my hands as I was exiting the room on the last exit. The most important emotion I feel is joy and hope because I realized I do know how to give medications and critical think for my patient without anyone there to hold my hand.</p>	<p>Step 5 Conclusion</p> <p>I think I could have made the situation better by having more confidence in myself by remembering the key universal competencies were already in my head. I felt I did not know what to do at first when I walked in the first time because I did not know what was behind the door and if the scenario would be anything like I pictured. The delirium of the patient through me for a loop as I did not know how to describe to him the situation when he would forget it the next time I walked in with the medication. Moreover, I learned that every patient is different from the scenario in your head and needing to be more confident in my ability is a needed skill I will learn over time.</p>
<p>Step 3 Evaluation</p> <p>This event allowed me to understand the importance of maintaining my universal competencies throughout every visit to my patients regardless of the amount of time I am in the room. I was so worried about forgetting a "point of no return" step that I was constantly looking at my paper to remember what I went over and what was coming up. I felt my critical thinking skills were better than I thought they were, and I was very happy with the way I accomplished them. I was able to use the IV pump well and felt proud when it did not sign as an error.</p>	<p>Step 6 Action Plan</p> <p>Overall, the situation was essential to my learning through reminding me about the universal competencies as forgot quite few from Module 2. With hindsight, I would have stuck more to drilling my entrance and exit universal competencies more than wondering if the diet would change or if I would need to call the doctor and use SBAR. The experience will allow me to be confident with myself when I walk into a patient's room rather than stand outside and gain my bearings before entering.</p> <p>Thank you for the experience!</p>