

## Covenant School of Nursing Reflective

*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><b>Step 1 Description</b></p> <p>The patient was admitted to the ER due to urosepsis and transferred to the med surge unit. I was the patients nurse and was given report in the morning and reviewed the new orders from the doctor to aid in treatment and prevent further infection. Upon observation I was in the patient room and noticed his call light was out of reach and bed rails were not up, so this was a high fall risk and was corrected before giving him his meds. I gave hydrocodone/acetaminophen for his pain rating at 5/10 PO and his daily levofloxacin IVPB. Other medications were held due to low BP, platelet count, and pain scale med not meeting criteria ordered. The patient received education about his condition and how to aid in depletion of his infection, education on medications, and he successfully took his meds. My hope was that these interventions resulted in his pain being managed.</p>	<p><b>Step 4 Analysis</b></p> <p>From previous case studies, clinical experiences, SIM lab scenarios, and information in lecture regarding Urosepsis, I was able to apply my knowledge to help educate the patient. Universal competencies were relevant to our CPE due to the addition of fall hazards and unsafe practice because the patient didn't have the call light. The broader issues that came to light during this event is that these things were tested on can and potentially will happen in the hospital setting and we are responsible for our patients' safety. This expresses the importance of not getting complacent.</p>
<p><b>Step 2 Feelings</b></p> <p>In the beginning I was nervous, I thought I would forget the little things like hand hygiene and kept overthinking before I started. This CPE made me feel confident in my skills and while talking to the patient it felt natural meeting all criteria. I passed CPE and was very proud of myself. The most important feeling to me was of confidence because often I am my toughest critic when really, I know what to do and patient safety is my biggest priority.</p>	<p><b>Step 5 Conclusion</b></p> <p>To me CPE is always stressful but in regard to making it better I have no comments. While I was in the room, I could've been less thorough with medication education, so it doesn't potentially scare them into not wanting to take the med. I can use words like "rare" or "this does not mean it will happen but watch for". I have learned from this event the lack off confidence can hinder your performance.</p>
<p><b>Step 3 Evaluation</b></p> <p>The good thing about this CPE is that clinical really prepared us in critical thinking and practicing education. It wouldn't say it was easy, but I did go in very prepared. My instructors did well in preparing us and I did well in treating the situation as I would in a "real" patient's room. I hoped for this outcome because I studied my NII's and utilized all medication administration techniques in clinical.</p>	<p><b>Step 6 Action Plan</b></p> <p>I think this was a beneficial experience, I learned a lot throughout this module. Lessons learned from this CPE will better prepare me with patient interactions when I'm asked questions. I will use this experience to improve my practice in the future by reminding myself that being complacent doesn't equalate level of success, short cuts are not something I want to take when it comes to caring for my patients in the future.</p>

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