

Covenant School of Nursing Reflective Practice

Name: Veronica Zamora

Instructional Module: 6

Date submitted: 02/21/24

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

Step 1 Description

I attended an AA meeting tonight. There were only 4 members, they each played a role in starting the night off with prayer, and reading from the AA book which outlines the guidelines for members. I actively participated in all of their discussions/prayers.

Step 2 Feelings

I was a little worried that my presence would make some members uncomfortable. I didn't want to be a distraction to their therapy, because I know how important these meetings are for some AA members who rely on the support from their peers. I am glad they were welcoming of me, and I was glad to participate and experience a meeting with them. As I listened to their stories, I recounted flashbacks of my uncle who was also an alcoholic and passed away from cirrhosis of the liver. I saw a part of him in each of the members, and I think when they learned this of me, they were more accepting of me, and maybe didn't feel judged by an outsider. Alcoholism is a terrible disease, and I am so proud of these brave men who were able to overcome it. I would have loved to have seen the same outcome for my uncle.

Step 3 Evaluation

I felt that the event was actually therapeutic for myself as well. I was able to express my feelings about my uncle to people who actually understand the struggles, ups, and downs of fighting through each day with an addiction. I didn't expect to get emotional sharing my experience with alcoholism with strangers, but they also were willing to share their vulnerability through their stories with me, and I believe it just helped us to relate to one another.

Step 4 Analysis

In sharing about my uncle's passing, we all shared in the grief, because they too all had lost friends/family to alcoholism. I think it just shows the importance of seeking help for people who become addicted. We need to find ways to advertise the issue to depict a non-judgmental approach to those who seek out help. We also discussed how people are more willing to try other substances when they have alcohol in their system, and how we have a serious drug problem in our community, but no one wants to seek help. If they do, they often attend a minimal amount of meetings until they stop coming altogether. Most people who attend do so, because they are mandated to by the court system.

Step 5 Conclusion

I felt a little awkward when they passed around the donation basket. I wasn't anticipating that, and I did not have any money on me. Otherwise, I would have gladly contributed to their cause (I hope that didn't seem rude on my part).

Step 6 Action Plan

Overall, I think these meetings really do help the members. I love that they focus their management through prayer, but also with supporting therapy from one another. They aren't professional educators with master's degrees. They are ordinary people who care enough to show up to every meeting, because they know it matters. It's amazing to see a group of people come together, simply because they want to. That, I think, is the biggest takeaway from this experience. You don't have to "be somebody" to make an impact on other people's lives.

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Veronica Lanza

Instructor Contact Information:

Annie Harrison - (806) 224-3078

Jaynie Maya - (806) 928-8753

Community Site: Oceans Date: 2/13/24

Student's Arrival Time: 0630 Departure Time: 1430

Printed Name of Staff: Sheralyn Garrido, RN Signature: [Signature]

Community Site: Oceans Date: 2/14/24

Student's Arrival Time: 0630 Departure Time: 1400

Printed Name of Staff: [Signature] Signature: [Signature]

Community Site: Littlefield AA Date: 2/21/24

Student's Arrival Time: 8:00 Departure Time: 9:00

Printed Name of Staff: Gary Richardson Signature: [Signature]

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____

PMH Simulation Reflection

Please reflect on your experiences in simulation this week and reply to each item below. You may add anything else you wish. Submissions should be a **minimum** of 300 words total.

- Describe your feelings about your participation in the simulations this week.
I felt that the simulations were successful on my part, because I felt that I actively participated. I embraced the roles I was playing.
- How did it go compared to what you expected it to be like?
I thought it went great! It was not what I was expecting. I thought there were going to be life-like dummies playing the roles of the patients (why else go to Tech's Sim Lab lol), but all of the scenarios played out well with us as the patients.
- What went well? I really felt that the teaching of the disorder prior to the scenario, then applying the therapeutic communication in the scenarios really helped to understand the topics better. I wish we could do this with all diseases, and it would really stick in my head better, but I know that's not realistic.
- What could have gone better? I personally like constructive criticism. I would have liked to have had more recommendations on what I could have done to execute my role better.
- Reflect on the scenario in which you were in the role of the patient or family member. How did that experience affect you? It made me think how exhausting, horrible it would feel to live like that every day/all day. I don't think we give people/patients enough credit for what they experience with their mental disorders.
- Did this week change the way you think about mental health? If so, how? Yes, it helped me to realize that these patients really need a kind, compassionate nurse. They don't need to be treated like they're crazy, just that they need help getting better.
- How will you use the knowledge gained from this experience in your practice as a registered nurse? I was afraid of approaching patients with mental health disorders, because I didn't know what to expect from them. With this SIM practice I learned the benefits of using therapeutic communication, comforting measures, and how to better treat the patient. I just hope I remember how to implement these in real-life situations.

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

| | | | | |
|--|--|-------------------|-------------------------------------|---------------------------------|
| Primary IV Fluid and Infusion Rate (ml/hr) | Circle IVF Type Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/> | Rationale for IVF | Lab Values to Assess Related to IVF | Contraindications/Complications |
| | | | | |

| Student Name: <i>Vanessa Jones</i> | | Unit: | | Patient Initials: | | Date: <i>2/19/24</i> | |
|--|------------------------------|------------------------------|------------------------|---|---|--|--|
| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose? If not, what is correct dose? | IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
| Hydroxyzine pamoate | Antihistamine | Anxiety | 25mg PO PRN q6 | Yes | | H/A, Drowsy, Dizzy, wheezing, urinary retention, agitation | <ol style="list-style-type: none"> 1. Fall precautions due to dizziness. 2. Monitor patient for agitation/changes in mood or behavior. 3. Advise against driving or activities that require mental focus, alertness, and quick response. 4. Report right away if unable to urinate. |
| Lorazepam | Benzodiazepine | Alcohol withdrawal / anxiety | 1-2 mg PO PRN q4 hours | Yes | | Respiratory depression, yellowing eyes/skin, seizures | <ol style="list-style-type: none"> 1. Dose should be carefully adjusted in patients with hepatic insufficiency. 2. May cause fetal harm to pregnant women. 3. Children and elderly patients are more likely to have paradoxical reactions. 4. Fall precautions until we know how patient will be affected. |

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

| Student Name: | | Unit: | Patient Initials: | | Date: | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) | |
|-----------------|------------------------------|--|--|---|---|---|---|
| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose? If not, what is correct dose? | IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration | Adverse Effects | |
| haldol | antipsychotic | for psychotic symptoms/agitation | 10 mg IM PRN q8 | Yes Not to exceed 30mg per 24 hours | | Blurry vision, inability to move eyes, dizzy, confusion, Tardive Dyskinesia | 1. PERRLA Assessment. 2. Fall precautions. 3. Watch for lip smacking or puckering, or abnormal tongue movement. 4. Monitor vitals for signs of neuroleptic malignant syndrome. |
| diphenhydramine | antihistamine | management of cholinergic effects of antipsychotic | 50 mg IM q8 PRN psychotic symptoms | yes | | Sleepy, dizzy, unsteady, dry mouth, dif. Concentrating, tinnitus | 1. Fall precautions 2. Oral care 3. Monitor patient's hearing 4. Instruct patient not to drive/operate machinery. |
| acetaminophen | Analgesic/antipyretic | Mild-moderate pain | 500 mg PO q6 for pain of 1-4 on pain scale | Yes | | N/V, jaundice, abd pain, hypotension | 1. Do not take with other tylenol containing products. 2. Take with food if GI upset. 3. Pain/fever assessment 4. Monitor liver function levels |
| olanzapine | antipsychotic | Agitation/psychotic behavior | 5 mg PO q6 for agitation | Yes | | NMS, orthostatic hypotension, TD, constipation | 1. Fall precautions 2. monitor vitals 3. No smoking/drinking-can potentiate SE. 4. Cardio assessment |

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

| Student Name: | | Unit: | | Patient Initials: | | Date: | |
|------------------|------------------------------|----------------------|-----------------------------------|---|---|---|---|
| Generic Name | Pharmacologic Classification | Therapeutic Reason | Dose, Route & Schedule | Correct Dose? If not, what is correct dose? | IVP – List diluent solution, volume, and rate of administration IVPB – List concentration and rate of administration | Adverse Effects | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
| prazosin | Alpha-blocker | Nightmares | 1 mg PO QHS | Yes | | Palpitations, dizzy, H/A, syncope, lack of energy, depression | <ol style="list-style-type: none"> 1. Cardiac assessment. 2. Fall precautions. 3. Monitor for changes in mood/behavior. 4. Move positions slowly (laying-sitting, sit-stand). |
| Nicotine inhaler | Stimulant | Nicotine replacement | 10 mg cartridge for inhalation Q2 | Yes | | Mouth/throat irritation, runny nose/cough, H/A, upset stomach, palpitations | <ol style="list-style-type: none"> 1. May need to space out doses more. 2. May use with patch to better manage cravings. 3. Do not eat/drink for 15 minutes before or after use. 4. Cardiac assessment. |
| | | | | | | | <ol style="list-style-type: none"> 1. 2. 3. 4. |

Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

| Student Name: <i>Terence [Signature]</i> | | Unit: | Patient Initials: | | Date: <i>2/19/24</i> | Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.) |
|---|------------------------------|---|--|------------------------|-------------------------|---|
| | | | Therapeutic Reason | Dose, Route & Schedule | | |
| Generic Name | Pharmacologic Classification | | | | | |
| ibuprofen | NSAID | Mild-moderate pain | 400 mg PO q6 for pain of 1-4 on pain scale | Yes | | H/A, dizzy, Nausea, Gas, internal bleeding 1. Notify MD of black poop. 2. Fall precautions. 3. Take with a snack. 4. Notify MD of severe H/A won't go away. |
| risperdal | antipsychotic | Psychotic behavior/bipolar mania | 1 mg tablet PO BID | Yes | | Drowsy, increase appetite, dystonia, tremors 1. Continue med, can take days-mths to work. 2. Try not to overeat to avoid weight gain. 3. Fall precautions. 4. Assess motor function. |
| Nicotine patch | Stimulant | Nicotine replacement | 21 mg transdermal patch daily | Yes | | Skin redness, itching, burning, H/A, sleep disturbance 1. Rotate sites every day. 2. May need to lower dose. 3. May need to remove patch at night. 4. May be combined with gum or lozenges to better manage cravings. |
| ziprasidone | antipsychotic | Psychotic behavior/bipolar disorder/mania | 40 mg PO BID | Yes | | Cough, constipation, chest pain, seizures, dizzy, restless, akathisia 1. EKG assessment (QT prolongation). 2. May take with stool softener. 3. Seizure precautions. 4. Fall precautions. |