

Covenant School of Nursing Reflective Practice

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>My patient, when I first went to check on him and assess his pain and comfort, was sitting comfortably in bed and did not seem in distress. I checked his catheter, asked him about his pain and ensured his IV was safe, unclamped, running, and that his dressing was dry and intact. On the way out to collect his antibiotic and pain meds, I asked him if he needed anything and informed him to use his call light if he needed me while I was gone for any reason, be that pain, bathroom, new symptoms, a glass of water, etc. I did not, however, make sure his call light was accessible and left it out of reach. On my second visit his status had not changed and I then gave him the call light before I left the room.</p>	<p>Step 4 Analysis</p> <p>I am aware the call light helps catch and prevent emergencies in the hospital and contributes greatly to pts sense of comfort as well as their satisfaction with their hospital stay. As I informed the pt, call lights can help prevent falls in the hospital, as well as other emergencies which is why it is included in the fall bundle and is part of the general education nurses must give all hospital patients. It is common for those in the hospital, especially those on Med-Surg to have limited mobility and call lights are especially important to the safety of those patients as their use has been proven to decrease the risk of falls during their stay. Special consideration must be given with these patient to make sure their call light is in reach.</p>
<p>Step 2 Feelings</p> <p>Going into the CPE I was confident in my ability to perform a safe med pass and be affable with my pt so they might feel comfortable and looked after in the hospital. During the CPE I felt calm and kept each step ordered in my head. I was pleased with my performance and felt I had not caused the pt and harm, only comfort and company. However, when I was informed I had failed a universal competency and would have to repeat the CPE I realised I had left the pt in some danger the first time I left the room and felt much less confidence leaving the examination than I did going in. I understand it is my duty to the pt to ensure their safety and this experience taught me not to forget even those little things like using hand sanitizer upon exiting the room and placing the call light within reach are important to pt safety.</p>	<p>Step 5 Conclusion</p> <p>I was told by my instructor that my education was very thorough and informative and that my bedside manner was friendly and comfortable, but informing a pt about things such as a call light and performing hand hygiene is only one step of their safety. My mistake resulted in a direct effect on my grade as well as my initial confidence and I will never again forget a pts call light nor to use hand sanitizer upon exiting the room. To prevent this error, I could have approached my initial assessment with as much care and intentional thought as I did my medication administration, and in the future, I will. I got to practice this on my second attempt, but I wish I had performed it correctly the first time, and so does my GPA.</p>
<p>Step 3 Evaluation</p> <p>I am glad I got to practice my med pass skills as it is certainly something I will need to have perfected by the time I am a practicing nurse and the CPE is a great place to get that practice as well as helpful feedback to make me a safer and more efficient nurse. I tried very hard in my second attempt to thoroughly educate the pt about the call light, its use, and purpose. I had not expected to forget something so simple as that, but that is what the CPEs are for, to reinforce these things and integrate them into our practice.</p>	<p>Step 6 Action Plan</p> <p>As a practicing nurse I will consider all aspects of patient safety at each encounter with my patients. That goes not only for their call light and the use of hand sanitizer but for bed rails, traction socks, keeping the bed on the lowest height and all other safety measures to prevent falls in the hospital, and I will continue to do a thorough assessment on IVs, safe medication passes, and thorough education with each of my patients every time I see them.</p>