

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

Directions: Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document and must be at least 750 words in length. Submit your journal to the dropbox for the appropriate simulation scenario (Scenario #1, Scenario #2) by the Friday following the simulation experience, no later than 2200.

Responding:

Discuss one thing you noticed, how you interpreted it, and how you responded. Do you feel your response was appropriate? Explain.

- I noticed the patient was uncomfortable when the assessment nurse was doing her assessment. The patient kept verbalizing they were in pain. They rated it a 6/10 and stated they were nauseous. As the medication nurse, I was working on the patient's medications for their IM route. The assessment nurse was working on a pain assessment and head to toe assessment. The assessment nurse also told me the patient was in pain and nauseous. I performed a pain assessment and found the patient's pain was a 6/10. I worked quickly to administer the patient's pain medication and antinausea medication quickly and effectively. My clinical judgement was effective because I was able to administer the patient's pain medication and lower the patient's pain.

(Ex. I noticed the patient was grimacing. I interpreted this to mean my patient was experiencing pain. I responded with a thorough pain assessment, use of guided imagery, and administered acetaminophen 650mg orally. My clinical judgment was effective because...)

Describe your communication with your patient; was it therapeutic and professional? Explain. Provide one example of how you connected with your patient.

- My communication was therapeutic and professional. I went in and introduced myself. I told the patient my job title (medication nurse.) I then told them what I was there to do. I told the patient I was there to administer Morphine for their pain and Phenergan for their nausea. I performed a pain assessment before giving the medications. I told the patient how much I was giving them, where I was going to be giving it and why I was giving it. I explained I was going to be giving 1 mL of

Morphine for their pain. I told them I was going to be giving 1 mL of Phenergan for their nausea and vomiting. I explained I was going to be giving them their medications intramuscularly because they were ordered by the doctor to be nothing by mouth. I asked the patient about their allergies, I asked if they had any questions about the medications.

Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.

- I was not able to communicate medications effectively. I told the patient I was going to be giving them one milligram of each medication. I said "I am going to be giving you one milligram of Morphine and one milligram of Phenergan." The patient is nothing by mouth so a milligram of medication isn't going to be therapeutic in relieving their pain. It is not the right route. Even though I corrected myself and said "I meant 1 mL, I'm sorry." I should have corrected the statement further and said "I am going to be giving you 1 mL of each Phenergan and Morphine. You are going to be receiving these intramuscularly due to you being nothing by mouth."

Provide an example of collaborative communication you utilized within your team.

- The assessment nurse Dorresha and I communicated with each other during our part of the scenario. She reported off to me in regards to the patient's pain, and the new doctor's orders. I had her double check my dosage calculation and administration of the medications I was giving. The patient needed an NG tube and IV fluids per doctor's orders. I communicated with Dorresha to assist her with inserting the NG tube. She assisted me with the administration of IV fluids. We worked along side each other throughout the whole scenario to make sure our care coordinated with what the other was doing.

Reflecting:

How did your priorities change as the simulation progressed? How did you adjust your nursing care to these new expectations?

- Originally at the start of the scenario the patient was complaining of pain and nausea. I was working quickly to prepare these medications effectively per the doctor's orders. As I was administering the medication, the situation progressed to where the patient was throwing up coffee ground, bloody emesis. I knew we needed to reach out to the doctor to develop a further plan of care. The doctor ordered normal saline IV running at 125 mL per hour. The doctor also ordered an NG to be placed and run on low intermittent suction. My priorities shifted from the patient's pain to the patient's vomiting blood. We as a team decided to insert

the NG tube first. While this is a comfort measure, it takes off pressure on the stomach and would help the patient be more comfortable. This guided our decision to do this first. However, the patient had a GI bleed. This puts them at risk for shock. Looking back, the IV fluids should have been hung first to help keep the patient's electrolytes in balance, their BP up, and hopefully prevent shock from occurring.

Write a detailed narrative nurse's note based on your role in the scenario.

- Patient complaining of a pain in their abdomen. Patient rated this pain as a "6/10." Explained to patient use of Morphine for pain. Explained the dose of 1 mL and the route of IM due to NPO orders by physician. Administered 1 mL of Morphine IM into patient's L deltoid. Patient also complained of nausea. Administered 1 mL of Phenergan IM into L deltoid. Explained the use of Phenergan in helping with the nausea and IM route due to NPO status. Vomited moderate amount dark red, coffee ground emesis after administration of Phenergan. Dr. Dunbar consulted. NG tube inserted and hooked up to low, intermittent suction per Dr Dunbar's orders. Coffee ground, dark red content noted in suction container. NS running at 125 mL per hour in R antecubital IV per order. IV patent, and unremarkable at this time. Patient resting comfortably in bed. Stated pain is a "4/10." Will continue to monitor.

Use a meme or a word to describe how you felt before, during, and after the simulation scenario (one meme or word for each phase). Why did you choose these pictures or words?

- A word to describe how I felt before simulation was apprehensive. I did not want to go into simulation because I did not know what to expect. I knew the patient had some sort of GI issue going on and most likely a bleed of some sort. I did not know what direction the scenario was going to go and how was I going to handle it.
- A word to describe how I felt during simulation was nervous. I took on the role as the patient's medication nurse. The patient was NPO in this scenario and this means all their medications were given by IM. I have not had a lot of experience giving IM injections so I was nervous to give not one but two IM medications. I did my best to use my time wisely and give them affectively. The patient's condition also declined to where I had to hang IV fluids. I was nervous I was forgetting something in both these instances. Did I give the medications properly? Did I hang those IV fluids correctly? With the patient's condition worsening, I

just got really nervous on handling the situation in addition to handling/administering their medications.

- A word to describe how I felt after simulation would be disappointed. I feel dissatisfied with myself. I felt the scenario went well, but there were a couple of things I knew to do and did not do. I did not administer medications correctly. I should have discarded 1 mL before I administered the other mL. Instead I administered 1 mL and discarded the other. I could have over given or undergiven medication. I know how to administer medications. I was just so nervous I overthought the administration. I feel disappointed with my prioritization of care. The order was for an NG tube to be inserted and IV fluids to be hung. I was questioning in my head that the fluids should have been hung first over inserting an NG tube but I did not say anything out loud. I should have trusted my gut and intuition to do this first. I let my nerves get the best of me in this simulation, I am hoping with time I will gain more confidence and be less nervous in simulation.