

## 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 Edvance360 Dropbox for the appropriate simulation scenario (Scenario #1, Scenario #2) by the Saturday 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.

**While reviewing the MAR, I decided to hang the STAT order of the 1000mL bag of 0.9% sodium chloride with a piggyback of 100mL of cefazolin. While priming the tubing, the assessment nurse discovered the patient had 10/10 pain in their left leg. Instead of finishing the programming of the pump, I administered an intramuscular injection of 4mg of morphine in their left deltoid. In this situation, I felt stopping what I was doing to administer pain medication was appropriate. The patient has an open wound and was going to have surgery, so antibiotics are extremely important, but managing the patient's pain became more important in the scenario. If the patient's pain goes uncontrolled for too long, it will be difficult to manage. The patient's pain level was already extreme and I felt waiting longer for pain medicine would have been the wrong move. It also would take less time for me to administer an injection than for me to finish priming the tubing and program the machine.**

[Ex. I noticed that my patient only produced 325 mL of urine in the last 24 hours, weight increased 1.5 kg since yesterday, BP is decreased at 90/58, and their lower extremities have 2+ pitting edema. Additionally, the urine analysis showed proteinuria, serum sodium 132, potassium 5.6, BUN 47, creatinine 2.9. This coupled with the admitting diagnosis of severe dehydration due to vomiting, limited oral intake, the patient's age (75) and a history of diabetes mellitus type 2, I interpret this to mean that the patient is likely experiencing an acute kidney injury (AKI). I would respond by initiating strict I&Os, performing daily weights, elevating the lower extremities and notifying the healthcare provider with requests for the following orders: telemetry, a potassium reducing agent, low sodium and potassium diet, and IV fluids.]

- Provide an example of collaborative communication you utilized within the scenario (consider interactions with your student nurse partner as well as members of the interdisciplinary team such as lab, the healthcare provider, surgery, PT/OT, radiology, etc.). **Before administering pain medication, I had to communicate with the assessment nurse on the pain level of the patient. After administration, I continued to hang the IV medications. The assessment nurse collaborated with me to ensure that the primary bag was hung below the secondary, the pump was programmed correctly, the right medication was input into the machine, and I maintained aseptic techniques. Later, the**

assessment nurse had to call the doctor due to the patient's symptoms of cyanosis, paresthesia, pain, and slow capillary refill. For the second portion of the simulation, the assessment nurse had to call lab to order a STAT ABG, D-dimer, and BMP along with radiology to order a spiral chest CT. The doctor ordered medications to go along with the results of the tests that the medication nurse had to administer.

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

**While administering medications, I became too flustered and did not explain the medications thoroughly to the patient. I told the patient what they were for, but did not explain what adverse reactions could occur or symptoms to report to the doctor. If I could redo the scenario, I would explain to the patient that cefazolin is a treatment for bone infections. The patient should be aware of possible diarrhea, nausea, vomiting, and to notify the nurse if there is pain or swelling at the catheter site. The morphine is a treatment for severe pain, but it can cause hypotension, dizziness, and blurred vision so the patient should be careful while moving. The patient for my scenario was on bedrest, but if the patient was ambulating, they should ask for assistance if they are experiencing any blurred vision or dizziness.**

#### **Reflecting:**

- How did you evaluate an intervention you performed? Was the intervention effective and what would you do differently in the future if it was ineffective?

**I helped the assessment nurse take the ice and pillow off the leg that was suspected to be experiencing compartment syndrome. You are not supposed to elevate the limb above the heart and ice causes vasoconstriction of the blood vessels which would cause the compartment syndrome to worsen. This would cause the patient more pain and possibly more severe complications before surgery. I would say it was effective for what we were able to do for the patient. We medicated the patient to attempt to relieve some pain while relieving pressure by removing the pillow and allowed more blood flow when we removed the ice.**

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

**Patient complains of 10/10 pain in left leg. 4 mg of morphine given IM in left deltoid. 1000ml bag of 0.9% sodium chloride hung with piggyback of 100ml bag of cefazolin per physician's orders. Ice and pillow was removed from the leg to help relieve pressure.**

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?

**I need to work with IV tubing and pumps more frequently. I have not worked with them outside of lab at the beginning of semester and Sim was the first time since then. For the future, I will ask nurses if I can shadow them while they hang medications or**

**program IVs while at clinicals. Seeing it more frequently will help me become more familiar with the equipment and overall more confident when I need to do them on my own patients.**

- 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?

**During Sim:**

**While Observing:**

**Debriefing:**



- 1.) I felt extremely nervous while walking into Sim. I was not extremely confident and I made a lot of small mistakes without realizing it at the moment.
- 2.) While observing, I still had some nerves, but now I was feeling the nerves of the second group as they were going through their simulation.
- 3.) I was just happy to be done and extremely relieved. It was a fun learning experience and I learned a lot though!