

Reflection Journal Scenario # 1

Responding:

My partner and I both noticed that our patients leg was warm to touch, streaking up her leg, and painful to touch. This leg was not her post-operative leg which was even more concern to us that the patient had verbalized increasing pain to her lower right leg. The patient was one day post-op and was supposed to be ambulating with crutches (non-weight bearing to left leg) and have SCDs on while in bed, but the patient had been refusing both. We had interpreted this to mean the patient is likely to have a formed a DVT in the RLE. Olivia had responded by calling the provider immediately and receiving a verbal order for enoxaparin injection daily and to continue to monitor the patient. I feel our response was appropriate because we both immediately saw a complication and acted right away to prevent further complications.

My partner and I collaborated most of the simulation together which seemed to work out great for us. Olivia would question herself on certain areas she was not confident in and I would be able to help her out the best I could. For example, Olivia was unsure if we should put the patients SCDs on when we noticed that she probably had developed a DVT I told her that at this time SCDs would be contraindicated because if she had a clot we wouldn't want to dislodge the clot and potentially cause it to become a PE. Another example of collaborative communication we utilized is when she called the physician back with lab results. Olivia used the SBAR method to talk to the physician regarding the new critical labs while I quickly looked up the normal ranges for troponin, D dimer etc. This made it easier for Olivia to communicate quickly and efficiently with the physician.

One example of my communication that could use improvement is asking for clarification or repeating of the verbal order of the medication the physician wanted administered. I did ask what the physician said, but I did not write down the verbal order. I wouldn't necessarily change how I asked what the physician said but I would have changed the way I listened. For example, focus better on the call and not my surroundings, actively listen to only what the physician is saying and immediately write down the verbal order down with my partner and listen back for the verbal order. Then if I did have further questions, I would ask my partner again once off the phone for clarification of the order to gain full confidence.

The intervention I performed was medication administration on pain (morphine). I evaluated this intervention by checking on the patient post administration following the PQRST method patient rating the pain now at a 4/10 compared to a 10/10. Vital signs were rechecked and shown improvement was documented. This intervention was effective for the patient in providing pain relief and I don't think I would do anything differently next time as I believe I followed everything within protocol. I administered the medication, followed up to see if the patient had

improvement in pain which she did and rechecked all VS to monitor for and side effects related to morphine.

03/01/2023 1610 Pt c/o pain 10/10 to RLE, requests morphine to ease pain. VS: BP 154/88, HR 98, RR 22, T 98, SPO₂ 96% on room air. Morphine 1.5mg/kg IM given R Deltoid, as per prn order for pain. Bed in low position, call light in reach.-----E.McCloy FRMCSONNS.

03/01/2023 1630 Reassessment pt for c/o pain. Pt reports pain has improved to a 4/10 since taking medication at 1610. VS: BP 140/62, HR 90, RR 20, T 98, SPO₂ 96% on room air. Bed in low position, call light in reach.-----E.McCloy FRMCSONNS.

An area for improvement for myself is documentation, and remembering medication dosages that were administered. I had a hard time focusing on communicating with my partner, listening to her verbal orders from the physician, thinking them through my brain, and performing those orders out more in the sense of I should have written down the verbal orders with my partner while the physician was speaking to her and reading back the order instead of performing the order right away. This would have helped me improve on documentation, as well as remembering the dosages for medications that I administered during simulation. Next time, I will take the time to slow down and listen with my full attention to verbal orders as well as reading written orders with my partner do a readback of the order to ensure accuracy and then proceed with carrying out any orders including medication administration with this, this ensures correct medication administration, dosages, and correct documentation.

The first picture I chose relates to how anxious I felt for my first simulation with med surg not knowing how it will go. The second picture is how I felt trying to keep up with all the verbal orders and everything else going on around me. The last picture is how I felt really just relieved that the simulation was over, and I could go home and take a nap.

