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.**

I noticed that the patient was post op following a ORIF of the left lower extremity. At the beginning I noticed that she was reporting a pain of 6 out of 10 pain in her right leg, a 2 out of 10 in her left leg, which was previously unreported. Following this she began to experience chest pain and complained of shortness of breath. I interpreted this as very important information based on the patients diagnosis. I realized patient is a current smoker, has been immobile and declining ambulation, has been refusing medication regimen, and has a long bone fracture. I then noticed she had signs of a pulmonary embolism. Prioritizing care for the patient, I decided it was best to check her orders for pain medication, while the assessment nurse gave her supplemental oxygen of 2L via nasal canula, then called provider and ordered laboratory and radiology testing per doctors orders. I gave patient Oxycodone to try to reduce pain, based on the pain scale that was implemented for use. Pain was still unresolved after administration so I gave patient Morphine intramuscularly, to try to better manage her pain. I feel my response was appropriate because of the specific orders she had in her chart. Her pain was a 2 and a 6, which fit into the Oxycodone intended use, then I decided to use Morphine when the pain had worsened and had not been resolved. I then injected Enoxaparin subcutaneously to prevent thrombus formation. If I was to do anything differently it would be to educate the patient on how important it is to ambulate and be compliant of her medication regimen in preventing any complications from occurring.

- **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.).**

I was able to collaborate with my assessment nurse during medication administration, we were able to verify dosage and waste necessary medication. We also were able to notice the symptoms our patient was having was significant and could be a pulmonary embolism, because of this we both agreed the best thing to do was to contact provider to notify them of current status and our concerns.

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

When communicated with my assessment nurse I was using the pronoun "she." If I was able to reword the statement or communicate differently I would ask the patient how they would like to be introduced. Looking over report, it states female, however she has a history of enlarged prostate. It was not passed on during report as to what pronoun they prefer but because of the seriousness of the chest pain and complications they were having during my period of time with them I was unable to clarify with the patient. However, looking back, I regret not asking because I wanted my patient to feel as comfortable and have the best care possible, and I feel like I was unable to be successful with that, without taking the time to address a very important topic.

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?**

Patient reported of pain in right leg and chest, to help manage pain I gave Oxycodone PO as indicated by the pain scale that was on her orders. The pain persisted so I was able to relieve the pain by giving Morphine IM injection. The initial intervention was ineffective, which caused me to treat with a dose of Morphine for unresolved pain. The Morphine injection was proven to be effective when patient was able to verbalize a decrease in pain after administration, they rated it as a 4 out of 10 on the pain scale, which was within expected limits.

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

The patient is a 55 year old, female that is post operative from a ORIF on the left lower leg for a complete open oblique fracture of the left tibia and fibula. Surgery was preformed earlier in morning due to suspected compartment syndrome. She has a diagnosis of a left lower leg fracture caused by a fall. They have a history of HTN, atrial fibrillation, hypercholesterolemia, COPD, enlarged prostate, along with being a smoker of 2 packs per day for 30 years. She is considered a high fall risk. They have a right peripheral IV that is patent and has 0.9% sodium chloride running at 50ml/hr. Patient was NPO prior to surgery but is now on a regular diet postoperatively. Vital signs were 97.9 temperature, 98 pulse, 152/78 (patient states WNL), 20 respirations. She has chest pain and has a decreasing oxygen saturation, order has been given for supplemental oxygen via nasal canula 2L. Patient has also reported sharp pain on right side of chest as an 8 out of 10. Morphine IM injection was given, along with Enoxaparin subcutaneously. HCP was notified and sent new orders for supplemental oxygen, lab work, and radiology work for suspected pulmonary embolism. Lab will be up to collect D Dimer, ABG, BMP, Troponin. Radiology as well will be up to get patient for a spiral CT of the chest. Last labs showed an elevated BUN of 40 and elevated creatinine of 2.1. Education is needed on noncompliance with medications along with refusing ambulation and the effects it can have postoperatively. Patient is non-weight bearing to left lower extremity.

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

An area of improvement for me would to practice more dosage calculations. When getting the verbal order for the Enoxaparin and it being based off of kg, threw me off. I also was not used to not having the resource on the MAR to be able to double check for right dose, route, time, medication, and patient since it was a verbal order given over the phone. I also was unsure if the verbal order was something that should have been implemented and put in patients MAR for further administration of the medication or if it was just to be passed on to next health care provider during report.

- **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?**

Before: anxious

I was very anxious going into the simulation scenario because I was unsure of what to expect. The prebriefing activity definitely helped me feel prepared and helped me connect important pieces of information to their diagnosis, while being respectful to the patient and providing good care.

During: overwhelmed

I was overwhelmed during the scenario because the patient was in a lot of respiratory distress. It was hard to prioritize important interventions. The patient started experiencing pain in her right leg and chest pain. This was a different finding from previous shift, since her pain before was caused by the left lower leg fracture of the tibia and fibula. We were able to recognize that the patient was having a complication from being immobile, being a current smoker, along with having a long bone injury. It was hard to decide what to do first; when Morphine and Enoxaparin were due, along with getting supplemental oxygen to patient via Nasal Canula at 2L, while calling the doctor, radiology, and laboratory. All parts were critical to figuring out diagnosis and relieving pain while providing comfort to the patient.

After: Disappointed

After the simulation I seemed to be a bit disappointed in myself. I let my anxiety get in the way of providing appropriate care to my patient when I began to struggle with my dosage calculation for the medication that was mg/kg, I have practiced these calculations multiple times but with the amount of pressure and discomfort the patient was in, I became distracted and didn't do as well with the injections as I would have wanted.