

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.

One thing I noticed about the patient in simulation was that even though I gave her pain medication she was still having a lot of pain in her fractured leg. I interpreted it as something else could be going on like compartment syndrome, since her pain was still severe, and I overheard the assessment nurse talking with the pt and she said she had some numbness and tingling in her affected extremity. I responded to this by assessing the situation further with the assessment nurse. I asked about the 6 P's and when I had confirmation that pt was having symptoms of compartment syndrome I lowered the leg and I got on the phone with the provider to inform him of the situation. I feel my response was appropriate to the situation as it is a medical emergency so it needs to be addressed quickly and I did that by first assessing and then calling the provider.

[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.). I called the provider using SBAR communication to explain the possible compartments syndrome with the pt.
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific. I felt my communication with the assessment nurse could have been better on my part. I walked into the pt's room and rather than asking what the assessment nurse thought was going on I just sort of took over. I explained that I thought she was having compartments

syndrome and I started asking questions about the pt's assessment, I said we should lower the leg and I called the doctor. I would reword this by taking my partners thoughts into consideration and asking her if she thought the same thing I did rather than just taking over the situation and running with it. I would also ask her if she wanted to be the one to call the provider since she was the assessment nurse and was with the patient more than I had been.

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 gave the pt morphine sulfate for her pain and I reevaluated her after giving it to see if it was effective. It was not, she still complained of 10/10 pain but that was due to her condition not because of the medication. In the future I would not do anything differently due to the nature of the pt and her condition.

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

NS IV at 50mL/hr and IVPB cefazolin 1gm set at 200mL/hr hung and transfusing. New tubing was used, pt tolerating it well. JP,SN

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

I will make sure to check the dosage of medications not only in the MAR and the paper chart but also on the medication vial itself. I made the mistake of giving too much of the morphine due to not being able to see the MAR screen. I should have looked more closely at the syringe as it said the dose per mL on there and not just relied on the MAR for my information. This could have been detrimental to a real patient and shows me how easily even the most important things can be overlooked.

- 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: unprepared
 - During: shaky
 - After: accomplished

Before the simulation I was not able to study as much as I would have liked to due to life getting in the way so I wasn't sure what to expect. During the simulation even though it was "not real" I felt nervous trying to hang the fluids and antibiotic quickly as the pt was having an emergency situation happening. This made my hands shake like crazy and made finagling tubing much more difficult. After I felt like we did a really good job and handled the simulation well so I felt accomplished.