**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.

  [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.]

  One thing I noticed during my first simulation scenario was that my patient was experiencing right leg pain. This was odd to me because she was admitted to the hospital for a broken tibia and fibula of her LEFT leg in which she underwent open reduction internal fixation surgery (ORIF) to repair. I expected her pain to be from her broken leg and surgery. Also, prior to entering my patient's room, I received in report that she was noncompliant with her orders to wear sequential compression devices (SCDs) and participate in early post-surgery ambulation. Upon hearing that her pain was coming from her right extremity instead of her left, I immediately started a focused assessment on her right leg. Her right leg displayed erythema, red streaking, 2+ non-pitting edema, warmth to the touch, and pain level 6/10. I interpreted these assessment findings to be indicators of potential deep vein thrombosis (DVT). I responded by immediately contacting the patient's healthcare provider using the SBAR template to inform them of my patient's vitals, current status, and what I suspected the problem was.

- 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.).

  Throughout my simulation scenario, multiple points of contact were needed to initiate care for my patient. I first had to call my patient's healthcare provider to update them on my

patient's status, abnormal assessment findings, and what I thought could be the problem. The healthcare provider is who initiates all the orders in other departments. The healthcare provider put in an order to draw a D dimer and to give enoxaparin. I then had to call lab to come draw a D dimer and communicate with my medication nurse the new order to give enoxaparin. After reassessing my patient, I found that my patient's condition had begun to deteriorate even more and. Required more phone calls. I contacted her provider again to inform them of her newfound shortness of breath, dropping O2 saturation, and diminished lung sounds. The provider then ordered blood draws for ABGs, BNP, troponin, supplemental oxygen at 2L, and an order for a spiralized CT scan of the chest. I then had to call lab back and inform them that we needed them to draw ABGs, BNP, and troponin in addition to the D dimer. I also had to call CT and tell them that the provider put in an order for a spiralized CT scan of the chest and that we suspected a pulmonary embolism so the scan would have to bumped up to STAT. I then collaborated with my medication nurse to get the supplemental oxygen applied.

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

  One example of my communication that could use improvement is utilizing the SBAR template when making a phone call to a patient's healthcare provider. SBAR stands for Situation, Background, Assessment, and Recommendation. When I called my patient's provider the first time, I stumbled over my words because my data was not organized efficiently, and I left out pertinent information such as the patient's medical history, pain level, and recommendations. I mainly just stated the patient's name and a few assessment findings that indicated a change in her health status. An example of how I could reword this better is: "My name is Olivia Arthur on 3T. I am calling on behalf of Sam Smith in room 30XX. Smith is a 55 y/o female presenting with pain in her right lower extremity that is a 6/10. Her right extremity is warm to the touch with erythema, red streaking, and 2+ non-pitting edema. Smith was admitted on 3/01/23 for open fractures of the left tibia and fibula and underwent an open reduction internal fixation surgery the same day. The pt. is a full code from home with NKA and currently has orders for morphine, Percocet, cefazolin, and normal saline. Labs are all normal as of right now. Her vitals are T: 98.5, P: 98, BP: 154/88, R: 22, and SpO2: 94% RA. The patient's right lower extremity is red with streaking, warm to the touch with pain that is a 6/10 and 2+ non-pitting edema. Pedal pulse is present. I think the patient might be experiencing DVT and should be given a blood thinner and continue to stay closely monitored."

**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?

When my patient's oxygen levels started to drop down into the 80s, I immediately placed supplemental oxygen on her at a flow rate of 2L/min to help prevent the patient's oxygen from dropping to critical levels. I then called the provider to inform them of the patient's dropping oxygen levels, in which the provider put in an order for oxygen at 2L to keep the patient's O2 levels above 92%. My intervention was effective because the patient's oxygen levels immediately began to rise to 95%. If my intervention was ineffective, I would contact the patient's provider again to see if her oxygen flow rate could be bumped up to keep her oxygen levels above 92%.

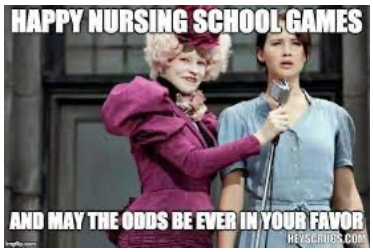
- Write a detailed narrative nurse's note based on your role in the scenario.
  "Pt complaining of pain 6/10 in RLE. Assessment showed erythema, red streaking, 2+ non-pitting edema, and warm to touch. Provider notified of potential DVT. Lab called to draw D dimer, ABGs, BNP, troponin. CT called to perform spiralized CT scan of patient's chest. Will continue to monitor patient for changes in status."

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

  The biggest area I feel I could use improvement in is confidence in my abilities. I initially second guessed what I thought my patient was experiencing which sets back how quickly I move and perform interventions. Then, I second guessed my intervention to put oxygen on before receiving an order to do so even though my patient's oxygen levels were dropping too low. This is an area of weakness I've discussed with a few of my clinical instructors as well. In order to improve upon this to better my clinical practice in the future, I need to do more case studies to build that foundation of nursing judgement as well as just patting myself on the back and/or giving myself confidence boosts before doing ana intervention on a patient. I am competent, I know what I'm doing, and I deserve to be here learning how to be a nurse.

- 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: I was extremely nervous and had a pit of impending doom in my stomach.




During: I felt extremely frazzled and I felt like every intervention I was doing was wrong.


After: I realized that I actually did a lot better than I thought I did and didn't fail the Sim lab.