

## Shyanne Phillips

### Sim #1 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.]

I noticed that my patient had a fracture of the tibia and fibula in the left leg. This area of the body is highly susceptible to compartment syndrome. When asked about her pain level on a scale of 0 to 10 with 10 being the most pain and 0 being no pain she responded that her pain was a 9 /10. She was unable to remember when or if she had any pain medication. When assessing the affected extremity, she was unable to feel me touching her foot while feeling for her pulse. Pulses were absent, the foot was cyanotic, and numbness and tingling were noted. Her extremity was elevated and there was an ice pack present. I responded by taking the ice pack away and obtaining vitals in order to call the doctor and let them know of possible compartment syndrome. I feel as though my response was appropriate because after going through the 6 P's and assessing the patient, this finding is critical and needs to be reported to the doctor immediately.

Excellent clinical judgment, Shyanne! You are right on track with the expectations of the scenario. Just to reflect a little deeper with your response, how did you intervene in terms of the patient's 10/10 pain?

- 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.). An example of collaborative communication during the simulation was with the doctor. I let them know of the situation, background, and assessment to which they decided to move the surgery up. Another example of collaborative communication was with the patient's significant other to let them know of the plan for the day and to let them know of the change in schedule.

Lastly, I was able to help my student nurse partner with setting up the IV pump and double-checking their dosage calculation to ensure they were giving the correct amount of medication to the patient. These are great examples of collaboration. With future reflection journals, be sure to describe the collaborative communication a little further. For example, was the communication professional and timely, did you close the loop of communication, was the SBAR complete and accurate, etc.?

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

During the simulation, the patient asked me to contact their significant other before they went down for surgery. I called and let them know that “I am calling on behalf of Sam Smith. I wanted to inform you that instead of waiting, the doctors are going to come and take her down for surgery earlier than expected. Since you are at least thirty minutes away and are going to be unable to make it to the hospital before she leaves the floor, you can still come in and we will be sure to update you with information throughout the surgery”. Upon calling the patient’s family, I should have said “Hello, this is Shyanne the student nurse, am I speaking to Jenny? I wanted to call and inform you that Sam is being prepared to go down for surgery in the next thirty minutes. Everything is okay, we are just worried about an increase in pressure that can restrict circulation to the extremity and in order to reduce this complication and or further complications, we are going to go ahead with the surgery earlier rather than later. Do you have any questions? Would you like to speak with her?”

Excellent rewording! I really appreciate that you offered the opportunity for questions and to speak to Sam. One suggestion would be to avoid saying “everything is okay” and “we are just worried”. This is a statement or promise that may not be accurate. Also saying you are worried does not portray confidence in the medical care Sam is receiving. Instead I would be objective and focus on the symptoms such as “Sam developed symptoms that relate to an increase in pressure that can restrict circulation...”

### **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?

While conducting a focused assessment of the patient’s fracture, she seemed to be showing signs and symptoms of compartment syndrome. I took the patient’s ice pack off, but I did not take the pillow out from under the patient’s leg, which I should have. I then took her vitals and contacted the healthcare provider with my findings. This intervention was effective because it prevented the patient from further complications. Had this intervention been ineffective in the future, I would continue to assess my patient for other complications and possibly contact the healthcare provider to notify them that something is wrong depending on my assessment findings.

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

~~Upon entering the room, the Pt was quite resting in bed. A focused assessment was completed on the left lower leg where the fracture is present. Pt complained of 9/10 pain in the left lower leg at the fracture site. While assessing, there was a bag of ice that was removed, and the elevation of the leg was discontinued. When assessing pulses in the foot, Pt stated "You're touching my foot?" indicating inability to feel my touch, and no pulses were noted. Pt stated they were having numbness and tingling in the left extremity, and the foot was is cyanotic. Vitals were temp. 98.5, HR 90, BP 156/84 to which the Pt stated, "is normal for me", RR 12, and SpO2 96% on room air. HCP Dr. Ammanniti notified was contacted using SBAR and is coming up in thirty minutes to get the Pt for surgery. Pt is being prepped to go down. Notified significant other, Jenny was contacted per the patient's request. at 867-5309 and was told about the Aware of expedited surgical plans for this morning.~~

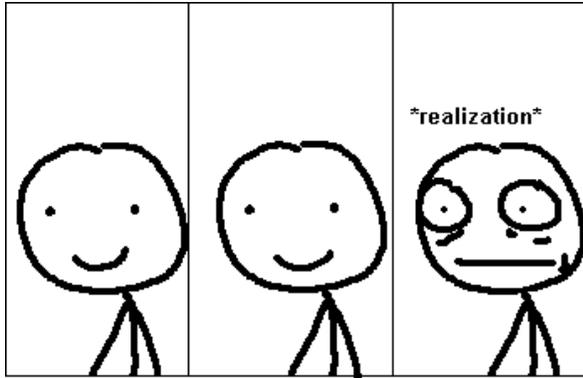
Overall, nice job with your note. You included the right details, I just have a couple suggestions to tighten it up a bit. 1. Be concise with your description and avoid wordiness. You don't have to explain what you did. You are the writer and the assessment findings or interventions completed will speak for themselves. 2. Always write narrative nurses notes in present tense. Even if you cannot document in real time, you will time stamp it to accurately reflect the appropriate timeline. 3. Many patients have more than one healthcare provider on their case, so be sure to document the specific provider you contacted.

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

In the report sheet, it stated that the patient had a history of an enlarged prostate, which generally occurs in males, but went on to report the patient as a "she". Upon going in as the assessment nurse, I could have and should have asked the patient if they had any preferred pronouns or names to make the patient comfortable and feel as though they were receiving proper care and treatment. In the future, I would assess this with my patient in order to deliver care directed towards them. Another area for improvement was when assessing the patient, there was a great probability that they were suffering from compartment syndrome. While I took the ice off of the patient's leg, I should have also taken the pillow from under their leg as well to reduce the risk factors associated with compartment syndrome. At the time, my nerves were getting to me, and I was not thinking clearly. For future instances, just noticing all of the signs and symptoms and what you should do in this situation would be beneficial. Do you have any usual practices that you engage in to reduce nervousness? This may be something to explore and practice in all realms of your life so that when you come across situations in nursing (such as simulation or unfamiliar clinical experiences) you will have it in your back pocket to do quickly and get you refocused and productive. Maybe this might be a mantra or a few deep breathes, for example. This is just something to consider that requires practice for it to be effective and you wouldn't be waiting for the next opportunity to see if you've improved or not.

- 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?

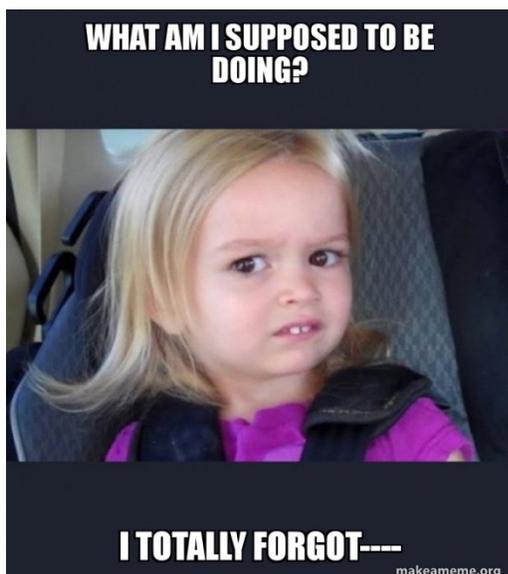
Before: I chose this picture because anytime there is a simulation with numerous people present or watching, I get quite anxious and nervous.



During: I chose this image because after getting report and looking over the patient's chart I completely lose my train of thought and all knowledge of what I am supposed to be doing as if I have never done something like this before. *I can totally relate to this feeling.* 😊



After: After the simulation is over, I reflect on what I did and then remember all of the things that I did not do, that should have been done.



Shyanne,

You did a great job with your reflection. I've offered a couple additional things to consider but I am quite pleased with your level of clinical judgment. Please be sure to follow through with your plan for improvement. I look forward to seeing your continued growth in both clinical and sim. Each experience will help you build confidence in yourself. Keep up the great work!

Dawn