Jaden Ward

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 was ordered morphine, Percocet, 0.9% normal saline, and recently Enoxaparin. Before administering any of the medications I prioritized the Enoxaparin as the first medication I should give because while my partner Melinda was doing the assessment the patient was showing symptoms indicating they have developed a deep vein thrombosis and is at risk for a pulmonary embolism. Symptoms that they show were chest pain, pain in the nonaffected leg, redness in the leg, and diminished right lung sounds. I felt like this was the appropriate the response because we needed to get this medication in the patient fast to prevent the pulmonary embolism from developing. I then gave the Percocet PO to control their pain as they stated it was a 6/10 in their left leg and chest. Lastly, I responded with the morphine intramuscularly when the Percocet didn't cover the pain and made sure fluids were running at the prescribed rate.

Jaden, this is an excellent start to your clinical judgment. One major suggestion I have is to follow the correct sequence of thinking according to the Tanner's Model of Clinical Judgment (1st noticing, 2nd interpreting, 3rd responding, 4th reflecting). The way you described your clinical judgment was a little backward. First, you notice the changes in the patient assessment, second you interpret it to mean the development of a thrombus and third you prioritize the enoxaparin in your medication pass. Additionally, I'd like you to reflect a little further on the urgency of administering the enoxaparin. Was it to prevent a PE or was the PE already present? I ask because you mentioned some changes in the respiratory system. Is it

possible that the thrombus that had formed in the leg had already broken off and traveled to the lungs?

- 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.).

  My partner Melinda and I communicated very well while we were going over the chart at the beginning of the simulation. We discussed the new orders and what we should expect to be doing in this scenario. The patient has been refusing her SCD's, early ambulation, and they have not been compliant with their medications at home. Reading those things in the chart we knew that education on those topics is going to be a big part of the simulation. We also had good collaborative communication when I was trying to figure out if I should give the morphine and the Percocet. It seemed like a lot of pain medication to give, and I was afraid I would overdose the patient. We talked the medication situation out and I decided to give the Percocet and morphine on account the doctor telling me to give morphine now and the orders stating if the pain is a 6/10 and does not end up going away after 1 tablet of Percocet. Collaborating with a colleague can be extremely helpful when you are in a situation that you are not 100% confident in. It gives you the opportunity to talk things through, voice your thoughts and also hear what the other nurse is thinking. With you being the medication nurse, how did you go about taking all of the information in to make a decision on the care you would specifically provide? Did you feel confident in the end?

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

An example of communication I could improve on is communicating more with the patient and acknowledging that the patient was transgender in this simulation. As the medication nurse I should have asked what name they prefer and what pronouns they use instead of just asking to confirm their name and date of birth. This could build trust and a relationship between them and me. I also should have communicated some of the side effects to look for with the morphine, Percocet, and enoxaparin, so they could know what to expect and they could press their call light and notify me if any adverse symptoms manifest. Some of the symptoms I should have educated them on about morphine are blurred vision, urinary retention, confusion, dizziness. Some symptoms of Percocet are orthostatic hypotension, confusion, sweating, dry mouth. Lastly, some symptoms of enoxaparin are edema, alopecia, anemia, bleeding. Both morphine and Percocet can cause respiratory depression so, if they feel short of breath, have slow shallow breathing, or start wheezing they need to call for the nurse right away. I appreciate your reflection here. The changes you would make will help to build trust between you and the patient and will also empower the patient by educating them on side effects of the medication they are taking.

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?

  An intervention I performed was giving the Enoxaparin subcutaneous. This medication is a blood thinner to help the developing deep vein thrombosis not progress into a pulmonary embolism. I think the intervention was effective in getting the medication in the body quickly to slow the progression of the pulmonary embolism. How did you determine it was effective? Were there specific assessments or maybe diagnostics that demonstrated this? Be sure to reflect a little deeper in this area in the future.

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

  Patient rated pressure like pain in left leg and in their chest a 6/10. ~~1 tablet of~~ Percocet (actual dose here) administered PO as ordered, will assess pain again in 30 minutes. Will continue to monitor.
  This is a good start to your nurses note, though there are likely other details that are relevant and if added would paint a clearer picture of what the patient was experiencing and what you did about it as a nurse. For example, think of a full pain assessment. What else would you add? Were there any nonpharmacologic interventions used to improve the patient's comfort level?

- 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 scenario I forgot to change the needles on my intramuscular and subcutaneous injections from a filtered needle to a regular injection needle. I will review the steps of intramuscular and subcutaneous injections to help me not make that mistake in clinical or the upcoming simulations. I also forgot to verify their name and date of birth before giving the 2 injections. I will review the 6 rights of medication administration before the next simulation and clinical, so I do not make that mistake again. I appreciate the efforts to improve by refreshing your knowledge of each skill. With that said, I'm not sure that just reviewing the steps for injections will help with this. I'm not sure your textbook will specifically tell you to remove the blunt filter needle prior to injecting a medication via the IM or SQ route. Is there a phrase or saying you can repeat to yourself…maybe something like "red cap means stop, do not inject"? Just a thought.

- 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?

  Nervous, confused, and relieved

I felt nervous before clinical because I did not know what was going to happen with the patient. I read the simulation objectives beforehand, but simulation is always a surprise when you go in.
I felt confused during clinical because of giving two different pain medications at once so I was worried, I would overdose the patient. I also just feel like I get so nervous I forget what I am supposed to be doing in simulation. Over time, I hope you feel more confident in trusting your gut. Giving Percocet and Morphine at the same time is usually not advised. On the other hand, if you gave the Percocet and did not see the expected results within an appropriate timeframe, you would assess any negative effects from the Percocet (decrease in RR or BP, etc,) and administer the Morphine. Also while this is happening, you would want to consider possible complications that may be causing the unexpected pain or that would contribute to continued severe pain after appropriate intervention.
I felt relieved after clinical because I got through it and was finally done with this simulation. 😊

Jade,
You did a nice job with your reflection. I've offered a couple additional things to consider but I am confident that this reflection has enhanced your knowledge and level of clinical judgment with concepts associated to pain medication, circulatory and respiratory complications following a long bone fracture or surgery. Please be sure to follow through with your plan for improvement. I look forward to seeing your continued growth in bother clinical and sim. Each experience will help you build confidence in yourself. Keep up the good work!
Dawn