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Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

### **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 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 had vomited some red/bloody emesis and the patient was also complaining of nausea. I interpreted this as I needed to administer the Phenergan to help with the nausea, as well as obtain an order for an NG tube with suction to help reduce vomiting and allow the stomach to have a break. The patient was also complaining of stomach pain, so I administered morphine IV push. Due to both medications having a chance of causing CNS depression, it is important to watch BP, HR, and respirations. When the doctor was called after giving the patient medication, we were instructed to give 125mL/hour of normal saline if the systolic was below 105. Shortly after giving the patient medication, vitals were checked and the patients' blood pressure was 101/69. After I noticed this blood pressure, I gathered supplies and started normal saline at 125mL/ hour. I felt this was appropriate due to the fact that the patient is having blood loss, and one of the main concerns is fluid volume loss. So, it is important to make sure that the patient is getting fluids in, especially since he was NPO.
- **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 doctor to verify that it was okay to administer Phenergan and morphine since they both can cause CNS depression. Once the doctor confirmed, I also collaborated with the assessment nurse after administration of medication. The doctor informed the assessment nurse to run 125 mL/hour of normal saline if the systolic bp dropped below 105. The assessment nurse then communicated this information to me, so that way we could provide efficient and safe care for our patient.
- **Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.**

- -When the patient asked about why they were getting IV fluids and I explained to them that it was because they were loosing blood and that they were loosing fluid volume. I could have explained better and that due to the GI bleed this causes the patients overall fluid to decrease and that fluids such as the normal saline were important to maintain the overall fluid amount. This will also help maintain the patients' vital signs such as blood pressure, and that it would be important for me to monitor blood pressure as well as respiratory status. Also when I called the doctor to verify the compatibility of the two medications I could have given them SBAR report so that way they knew more of the full story and what was going on. The doctor already was in a bad mood, and getting calls not knowing what exactly was going on could be extremely frustrating and difficult.

### **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 that I performed was pain and nausea medications for the patient to allow the patient to become more comfortable. The intervention was effective as the patients pain went from a 5/10 to a 3/10, and the nausea did subside. An NG tube was also placed on intermittent suction, and this as well helped with the nausea. If the pain and nausea medications were not effective then I would have contacted the doctor and see what other options for nausea/pain medications we had. I would also try some relaxation techniques with the patient to see if that would work to help the patient with the pain.
- **Write a detailed narrative nurse's note based on your role in the scenario.**
- -Patients vital signs were obtained from the assessment nurse 122/68, 98.2, 88, 20, 97 RA. Patient was complaining of N/V and abdominal pain. Dr. Linder was contacted to confirm giving both morphine and Phenergan, since they both can cause CNS depression, Dr. confirmed this was okay. I then gathered the medications and went into the patient's room. Patients name, date of birth, and allergies were all confirmed. From there I drew up 1 mL of Phenergan and prepped my patient to administer this IM. After I administered this medication, I had morphine to give. This medication was ½ mL over the amount I needed, so I asked the assessment nurse to watch me as I wasted the other ½ mL. Once this was done, I cleansed the port, flushed with normal saline, and administered the medication, followed by another saline flush. I asked the assessment nurse to gather vital signs for me when she went back in to check on the patient. When she did she reported that the blood pressure was 101/69, and that the provider had ordered normal saline at 125 mL/hour if the systolic blood pressure was below 105. I then gathered my supplies and went into the patient's room. I spiked the bag of normal saline and primed the tubing. From here I cleansed the port before attaching the normal saline line. After I attached, I programmed the IV pump to run at 125 mL/hour and made sure that it was dripping before I left the bedside.
- **Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?**

- -Initially when I went in to pass my medications I didn't bring all my supplies with me and I grabbed the wrong needle size. In the future I will make sure I know what route I am giving the medication and double check that I have the write needle size. By this I mean, I went to give and IM injection and had the needle for SubQ, and this was not going to work. So in the future I will make sure I have the right length of needle. But this simulation experience did help and allow me to better understand the difference in needle sizes to allow me to be a safe nurse in the future. I will also be reviewing my notes from the beginning of class about needle sizes and gauges for different injections and making sure that I know the differences.
- **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 choose this meme because I reviewed the content, watched any videos I could to try to prepare myself, but ultimately I didn't know what was gonna happen and I just had to do the best I could with the information that I have, and not be afraid to make mistakes.



• During: I kept forgetting simple things, like gathering the proper materials during simulation. I felt like I knew what I was doing, but at the same time kind of unsure of myself as well.



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- After: We all did a great job, and felt that even with the few mistakes I made I was still able to learn a lot from this experience and can implement positive changes into clinical.