

Reflection Journal Directions:

- **Discuss one thing you noticed, how you interpreted it, and how you responded. Do you feel your response was appropriate? Explain.**

Upon watching the assessment being performed I noticed that the patient had vomited and the vomit was bright red in color with some coffee ground appearance. The appearance of the emesis shows signs of an active GI bleed. The assessment nurse at this time was able to successfully place an NG tube. For the patient's nausea and vomiting, I was able to respond by administering 25mg of Phenergan via IM injection to help with those symptoms. I also noticed upon assessment that the patient was experiencing pain in his abdomen. I was able to administer 2mg of Morphine via IV push. Lastly, I noticed that the patient didn't have any fluids running so between myself and the assessment nurse we were able to get an order for Normal Saline to run at 125 ml/hr.

- **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.).**

The collaborative communication I utilized today was being able to communicate with the other student nurses in the scenario with me. I collaborated on pain levels, double-checking orders that were put in by the physician, also asking for verification, and overseeing the wasting of medication. I also made a phone call to the physician to verify if I should give the pain med considering the patient's blood pressure.

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

Part of my communication that could use improvement would be my use of SBAR when giving report to the oncoming student nurses. During SBAR I didn't give a complete background of the patient and also didn't recommend continued care. I told them of the intervention I performed while caring for Roberto such as giving pain medication, giving antiemetics, and starting IV fluids. In the future, I would reword my SBAR. "Roberto is a 65-year-old male here for active GI bleed. His history consists of peptic ulcer disease, GERD, DM type 2, and migraine headaches. His current blood pressure is 112/68. Last BM today with a bloody, tarry appearance. Pt had emesis on my shift that was bright red with a coffee ground appearance. NG tube was placed and has had 600ml out so far. For nausea and vomiting, Phenergan IM was administered at 1330. I contacted the physician and got an order so NS which is now running at 125 ml/hr IV SL to the right forearm. The patient complains of pain in the abdomen so Morphine IV was given at 1345. Roberto otherwise is doing well. I would recommend a possible GI consult, I mentioned this to Dr. Dumbnar earlier but she didn't feel it was needed at this time."

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 was able to evaluate the patient's response to Phenergan for his nausea and vomiting. This intervention was effective. When going back into the patient's room, was able to assess if the medication worked by asking if he was feeling better after having had the medication. He confirmed that nausea has subsided. I wasn't able to follow up regarding the pain medication I had been given. In the future that is something I would want to do.

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

This patient is a 65-year-old male admitted with a GI bleed. BP 120/79, P 99, RR 20, temp 98.2, O2- 97% on RA. On assessment patient resting in bed alert and oriented x3. HGB level is 9.5, HCT 30.2, PT 17, PTT 90, and INR 22. Lung sounds clear, no SOB noted, no cough, abdomen non-distended but having 6/10 pain, bowel sounds hyperactive. No edema noted, pulses palpable, skin is pale and cool to touch, heart sounds WNL. Pt has SL in the right forearm. Currently NPO and on bed rest. The occult stool was taken that has come back positive. Upon assessment, the patient had an emesis that was bright red in color with some coffee ground appearance and a black tarry stool. The physician notified and ordered NS to infuse at 125 ml/hr as well as an order to place an NG tube. Pt tolerated NG insertion well and has had 600ml out so far with a coffee ground appearance. NG measurement is at 65. IV is infusing at this time and the site is unremarkable. For pain, Morphine was administered at 1345, and for nausea, Phenergan was administered as well at 1330. The physician was contacted about a possible consult with GI but felt this wasn't needed at the time. The patient resting comfortably in bed with no signs of distress at this time.

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

I believe my performance today in the simulation was good. I was able to administer medications as needed, as well as prime IV tubing and hang fluids. I will work on my communication skills more to better help in my future clinical practice. At times it can be very intimidating to speak with physicians but the more I do this the more comfortable I will become.

- **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?**
 1. Super nervous although prepared ... sweating through my scrubs.
 2. We are getting through simulation very confidently and we are killing it.
 3. Last simulation of the semester! Finishing strong 😊

