

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:

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

I noticed that my patient was having a lot of abdominal discomforts. He was experiencing nausea accompanied by coffee-ground emesis with blood. His abdomen was distended and rigid, and his bowel sounds were hyperactive. Additionally, his lab work showed: an Hgb of 9.5, Hct of 30.2%, potassium of 3.4, PTT of 90 seconds, Pt of 17 seconds, and INR of 2.2. This along with frequent Aspirin use for the last 2 weeks, a history of Peptic Ulcer Disease, GERD, and a recently quit smoker of 2 packs x 22 years, made it likely that the patient was still suffering from gastrointestinal bleeding. I responded by placing a nasogastric tube per doctor's orders, notifying the medication nurse and allowing her to give necessary medications to allow comfort to the patient, and assisted in getting an order for IV fluids to help with electrolyte/fluid imbalance we were starting to see throughout his lab work. I feel as though these were necessary for the patient, they lowered his risk for aspiration and discomfort and also gave him the necessary nutrients/fluids he needed.

- 2) 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 communicated multiple times with my student medication nurse. We both discussed the need for NG tube placement and alternative fluids for the patient, in case of a hypoglycemic attack since he was NPO and vomiting. With this information, we were also able to call the healthcare provider to update them on the patient and the recent lab values and vomiting, to get an order for an NG tube placement. I was also able to communicate with my medication nurse about dosage calculation and watch Morphine get wasted, so the right dose could be administered to the patient.

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

I feel as though all of my communication with my partner was significant and clear. If I was to have done anything differently I think I would have contacted the provider before my partner was able to, saving time and making the patient more comfortable, sooner.

Reflecting:

- 4) 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 my NG tube intervention by the patient stated decreased pain and nausea and vomiting. The patient also stated that he was comfortable and that the nasogastric tube was not bothering him too badly.

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

The patient is a 65-year-old male admitted from ER with an expected GI bleed. History of peptic ulcer disease, diverticulosis, GERD, and diabetes mellitus type 2, along with a recently quit smoker that smoked 2 packs/day for 22 years. Right forearm IV is patent and running Normal Saline at 125mL/hr. The patient is NPO and has an NG tube placed with intermittent wall suction. Vital signs were all within normal limits. Lab results show a hgb of 9.5, Hct of 30.2%, Potassium of 3.4, PTT of 90 seconds, Pt of 17 seconds, and INR of 2.2. Phenergan IM and Morphine IV push were both given, and improvement of nausea/vomiting along with pain was noted. The patient is comfortable and on bed rest. Education was provided about being NPO for the time being, along with the discontinuation of Aspirin.

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

An opportunity for improvement would be to begin a head-to-toe assessment before going to report to the medication nurse the need for pain and anti-nausea medications. His pain was not too high at that point, he rated it an abdominal pain of 5/10 accompanied by nausea. Next time I will try to move more systematically that way I have more findings to communicate with other team members and providers before leaving the patient's room.

- 7) 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: Uneasy

I chose this word because I was unsure as to what to expect during the simulation. I think pre-briefing allows us to expand our thoughts and predict needed interventions or complications to look for, but there are many possibilities with how the simulation will go.

During: Sympathetic

I chose this word because I felt awful for my patient. He was experiencing a lot of discomforts and there wasn't much that I felt I could do, other than providing comfort by getting the order and placing the NG tube. I also realized how stressful this new diagnosis was for him. But he did a very good job explaining the way he was feeling, which helped us treat him more effectively and to prevent further complications from arising.

After: Grateful

I chose this word because I felt very thankful for the opportunity to place an NG tube, it's always an overwhelming but exciting feeling to be able to do a skill we normally don't have the opportunity to do often. At first, I was very nervous, but it felt very rewarding after being able to place it.