Reflection Journal Simulation #2

Responding:

During my focused assessment of my patient's abdomen, I noticed his abdomen was distended, tender on palpation, and bowel sounds in all four quadrants were hyperactive. Also, when palpating my patient's abdomen, he had an episode of vomiting which was bright red in color. When questioned about bowel patterns patient stated he had a recent bowel movement which upon observation was a dark red color, and an unwitnessed episode of vomiting which was a red color as well. Additionally, the patient's lab results were slightly off with potassium 3.4, PTT 90 seconds, PT 17 seconds, and INR 2.2. The patient's VS fluctuated with HR range 88-112, and BP initially 118/70 decreasing to 90/54. This all coupled with the admitting diagnosis of GI bleed, tachycardia, hypotensive, and the patient experiencing episodes of vomiting and frequent stools I interpreted he was at risk for dehydration and needed fluid replacement as well as NG tube placement to help decompress the abdomen and accurately track intake and output. I responded by calling the provider to receive verbal orders for fluid replacement (NS) and initiate/insert an NG tube set to low intermittent suction. I would also initiate strict I&Os, elevate HOB, provide a calming environment for patient for rest, as well as promote bed rest for healing. I feel my response was appropriate because I acted quickly with the patient's safety in mind to prevent further complications such as dehydration, shock, perforation etc.

An example of collaborative communication I utilized was calling the healthcare provider to update her on the patient to receive orders such as placing an NG tube, getting fluids etc. then carrying out those orders with my student nurse partner Olivia. I also called radiology once the NG tube was placed to confirm patency in order to use the NG tube and hook my patient up to suction to provide him with some relief.

An area where my communication could improve is when I call the provider. When I called the provide, I did not use the SBAR method fully as I had stated everything besides the most important part, what the patient is there for (DUH). I also, forgot to clarify the order when I called to get my patient fluids for the total amount she would like administered. First, I would make sure I have all needed information prior to making said phone call then I would reword this by using the SBAR method fully and repeating the order back to the provider for clarification prior to ending the call.

Reflecting:

I evaluated my intervention by performing another focused assessment on the patient's abdomen noting that it was no longer distended which meant the NG tube was doing its job and providing relief for the patient. I also reassessed the patient's vital signs which has also improved. The intervention was effective per the patient including what my partner had done administering pain, and nausea medication as well as initiating IV fluids. I would not have done my intervention differently, but I would have suggested to start the IV fluids prior to

nausea and pain medication d/t the risk of dehydration and s/s of hypotension and tachycardia.

04/12/2023 0800 Gastrointestinal focused assessment completed at this time abdomen found to be round, distended, tender of palpation, bowel sounds hyperactive x4. Bright red vomitus x2, dark brown stool noted in bed pan. VS: T 98.2, BP 122/68, HR 88, RR 20, SPO_2 98% RA. Dr. Dunbar called at this time receiving verbal order to place NG tube to low intermittent suction. Radiology called at this time for STAT order to confirm patency. Radiology confirms patency, and patient is hooked up to low intermittent suction. Bed in low position, call light in reach. ----------E. McCloy, FRMCSONNS.

04/12/2023 0830 Gastrointestinal re-focused assessment completed at this time showing nondistended abdomen, bowel sounds hyperactive x4. Patient verbal states improvement since placement of NG tube. VS: T 98.4, HR 112, BP 90/56, SPO_2 97 RA, RR 20. Dr. Dunbar called at this time receiving verbal orders for IV fluids NS 125 mL/hr continuous. Bed in low position, call light in reach. ----------E. McCloy, FRMCSONNS.

An area of improvement would be to review the CUS method. Although I was not feeling good going into the simulation, I could have been better with dealing with the physician conflict. With reviewing this method, it would better prepare me for times like that.

The first picture is how I felt coming into simulation because I felt like straight death but trying my best to pull through. The second picture is how I felt wondering if something else was going to be thrown at us during simulation because I felt it was almost too good to be true that we were doing good. Finally, the third and last picture is because I was so happy Olivia, and I were done with our last simulation for the semester.