

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.**

During the first part of the simulation, I noticed that the patient was diagnosed with a GI bleed. The patient was experiencing black tarry stools with a positive occult blood test and red coffee ground emesis indicating that there was still bleeding happening. Also, the patient was experiencing nausea and vomiting as well as a drop in blood pressure from 122/68 to 101/65 due to the high amount of fluid and blood loss. I interpreted this information that the patient was actively bleeding and needed to let his GI system rest as well as needing fluids and medicine to help. In response to the situation the assessment nurse called the provider for an order to place an NG tube and an order to administer fluids because of the low blood pressure and dehydration. As the medication nurse I knew I needed to get fluids started right away. I then administered morphine for the pain and Phenergan for the patient's nausea and vomiting. I believe that I responded the correct way by waiting to give the IM and IV push until I received an order for normal saline. It is important to administer the morphine and Phenergan after giving fluids because they both have sedative side effects and could cause the blood pressure to drop even more.

- **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.).**

Within the scenario I used communication from the health care provider as well as the assessment nurse to guide my care for the patient. After the assessment, I was asked if I wanted to give the meds, I told the assessment nurse he should call the HCP first in order to see if I could get an order for fluids before administering the IM and IV push meds. This would help reduce the number of calls that needed to be made to the provider as well as help raise the blood pressure back up. I also made sure to remind the assessment nurse to contact labs in order to find out the results of the stool sample which came back positive for occult blood. This can confirm that the black tarry stool was caused by blood and not any other factors.

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

I noticed that when I was administering meds, I didn't provide enough education on the side effects and what to notify a provider about. I explained what the meds would help with, but I didn't go into much detail about the other valuable information. I would have told the patient that the morphine was to help with their pain and that it is important to change positions slowly, or it could make their blood pressure drop even more, and to cough and deep breathe every 10 minutes. With the Phenergan I would have explained it is to decrease the nausea and vomiting but it can cause confusion, disorientation, and photosensitivity so they should wear sunscreen when going outside.

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?**

After I provided fluids and administered the other meds, I should have come back into the patient's room to check on his blood pressure as well as reassess his pain level and if he was still experiencing nausea. I believe my interventions were effective because the patient stated he felt better but in future clinical settings I would make sure to go back into the patient's room and ask him these questions to make sure the interventions were effective for the patient.

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

Patient is a 65-year-old male admitted with a GI bleed and reports nausea, vomiting, and black tarry stools for the past two days. He has come from the ER 15 minutes ago and reports he is not feeling well. Patient experienced a black tarry bowel movement that is positive for occult blood and red coffee ground emesis. Patient states pain is a 6 out of 10 and blood pressure had dropped from 122/68 to 101/65 after vomiting. Health care provider called and ordered for insertion of an NG tube and a continuous infusion of normal saline 125 mL/hr. Normal saline infusion initiated, patient received morphine for pain and Phenergan for N/V. Patient resting in bed waiting for insertion of an NG tube.

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

This scenario was the first time I had hung a bag of normal saline since the IV lab. I had hung IV antibiotics and was familiar on how to program the pump for that. I struggled a bit with programming the pump for a normal saline IV infusion and could improve in this area. Before going into the next clinical site, I will rewatch the FRMCSON video on how to program the IV pump and refresh myself on navigating through the options. Also, as I stated before I could improve my communication with the patient when providing education on the medications and remember to slow down and think about the patient's safety, so they know what to expect.

- **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 – Ready – Before the scenario started, I felt more ready and prepared than the last simulation we had. I had gone over the patients charting very well and looked up the medications.

During – Natural – During the simulation the process seemed pretty natural because I was confident in my medication administration abilities and really tried to pretend that it was a real patient.

After – Improvement – After the scenario I was able to pick out my mistakes and was aware of areas I needed to improve on. I would take this experience and use it to improve myself for the future.