

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.

[Ex. I noticed that my patient only produced 325 mL of urine in the last 24 hours, weight increased 1.5 kg since yesterday, BP is decreased at 90/58, and their lower extremities have 2+ pitting edema. Additionally, the urine analysis showed proteinuria, serum sodium 132, potassium 5.6, BUN 47, creatinine 2.9. This coupled with the admitting diagnosis of severe dehydration due to vomiting, limited oral intake, the patient's age (75) and a history of diabetes mellitus type 2, I interpret this to mean that the patient is likely experiencing an acute kidney injury (AKI). I would respond by initiating strict I&Os, performing daily weights, elevating the lower extremities and notifying the healthcare provider with requests for the following orders: telemetry, a potassium reducing agent, low sodium and potassium diet, and IV fluids.]

I noticed that my patient was experiencing hematemesis with a coffee ground appearance as well as melena stools. Both were witnessed and about 100mL of emesis was noted during abdominal assessment following palpation. This was accompanied by nausea, and pain in the abdomen rating 6/10. This patient's labs on admission were HGB 9.5, HCT 30.2, Na 135, K 3.4, Glucose 122, PT 17, PTT 90, INR 2.2. All these factors correlate with the diagnosis of GI bleed. This patient was also taking aspirin 325mg Q6HR at home and had a history of PUD, GERD, Diverticulitis, I interpreted this to be the most likely reason for the GI bleed. I responded to this by calling the HCP to get orders for an NG tube hooked up with low intermittent suction, NS fluids set at 125mL/hr, and a GI consult. The patient also got Phenergan and morphine for the pain and nausea.

- 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 believe Breanna, the other student nurse, and I had good communication throughout the scenario. She helped me out by auscultating lung sounds while I was getting vitals and relayed the assessment finding with me. I also communicated vital signs to her as I got them, so she was aware of baseline as well as any changes from medication. Lastly, I communicated verbal orders from the doctor and other team members with Breanna.

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

I think the one area of my communication that I could have improved on was with the HCP. On the phone the provider was very short and rude by saying things like “what do you want” “what do you want me to do about that?”, so this made communication difficult. After receiving orders on the phone, I just said okay rather than trying to clarify the orders by reading them back. Even if the HCP would have still hung up on me at least I could say I tried to clarify but was unsuccessful. If this would have been a real-life interaction with a HCP I would have pulled them aside in person and explained how unprofessional that was and he took an oath as a provider, with that comes the responsibility of being on call to care for them in times of need. If he can’t take 5 minutes out of his day to talk with me regarding his patient then he should consider another occupation because no nurse is going to let him put not only the patient at risk but the nurses license as well (respectfully haha).

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 inserting and maintaining an NG tube that was hooked up to low intermittent suction. The NG tube insertion was done with no resistance, marked at 55 in the RT nare, gastric contents noted upon aspiration, abdominal x-ray confirming placement in stomach completed. Patient tolerated the intervention well and oral hygiene provided after. This intervention was successful in reducing the nausea and vomiting as well as abdominal discomfort from the GI bleed.

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

Spoke with HCP on phone and received orders for NG tube insertion hooked up with low intermittent suction, NS fluids 125mL/HR, NPO and GI consult for patient presenting with hematemesis, melena stools, GI upset, abdominal pain rated 6/10 and pain on palpation. Fluids were started, Phenergan 25mg and morphine 2mg were administered by the medication nurse. The NG tube insertion was done with no resistance, marked at 55 in the RT nare, gastric contents noted upon aspiration, abdominal x-ray confirming placement in stomach completed. Patient tolerated the intervention well and oral hygiene provided after. Once hooked to suction 600mL of coffee ground hematemesis was noted. No further vomiting was witnessed. Once returned to shift at 1900 600mL was still in the suction container, 90mL of gastric contents were aspirated so 20mL of water was used to irrigate the NG tube, patient hooked back to suction and resting in bed.

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

During the scenario I forgot to call GI to consult with the patient and as I explained earlier, I did not try to read back the verbal orders. The GI consult was just a mistake that I made because I was

so focused on the NG tube because this took priority in my head. Next time I will do better at revisiting my orders after I complete some to make sure everything is checked off. Not reading back the phone orders is of higher importance due to the safety risk it comes along with because the room for error in communication is so large. I will make sure to read back verbal orders next time because if I misheard something it could be detrimental to my patients.

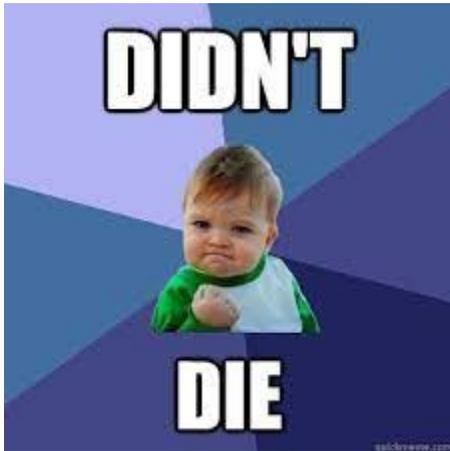
- Use a meme or a word to describe how you felt before, during, and after the simulation scenario (one meme or word for each phase). Why did you choose these pictures or words?



I chose this picture to describe before because we already had one person drop from our group, so someone was going to have to go twice. Then we got there, and it was just Breanna and I so we had to do the whole thing ourselves and I was panicking on the inside.



I picked this one for during because the HCP on the phone made it known that I was a complete inconvenience in his busy day haha.



Finally, this is my after picture I picked this because before the scenario I was convinced the patient was going to perforate and go into hypovolemic shock. This is why I was panicking before when I found out I was going to be doing the whole thing. So, I was pleasantly surprised when the patient lived and nothing happened that could have killed them on my watch.