

**Psychiatric Nursing
Live Simulation
Reflection Journal Directions:**

Directions: After completing your simulation, provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document. Your reflection journal should be a minimum of 500 words. Submit your journal to the appropriate dropbox (Simulation Reflection Journal).

Responding:

Discuss one thing you noticed, how you interpreted it, and how you responded. (Ex. I noticed the patient was grimacing. I interpreted this to mean my patient was experiencing pain. I responded with a thorough pain assessment, use of guided imagery, and administered acetaminophen 650mg orally.) Do you feel your response was appropriate? Explain.

During the simulation, I noticed many different things. Some of them included the abrasions to her forehead and arm, the mismatching of clothing, and her behaviors. I could have focused on the mismatched clothing; however, I know that some people dress like that normally. As far as the abrasions, they did not look like they were concern for infection and looked like a fresh fall. The area I was concerned was the most was her behaviors. She seemed very anxious and was fidgeting and had slight tremors. The anxious behavior could be expected from in a new environment, however given that she had a history of drinking heavily daily and was possibly in the window of withdrawing this was concerning for her safety and was beginning to withdraw. Assessments were completed. Additional assessments of the brief mental status exam, Cage, and CIWA were completed. The first group completed the CAGE (which was positive) and CIWA (which was a score of 3), and in the second group, I completed the other two assessments. The CIWA is the assessment I really focused on for the patient safety. The patient denies any nausea, auditory disturbances, headache and did not have any paroxysmal sweats. She did however have some tremors when hands held out, anxiety, slight agitation when asking so many questions, some itching, visual disturbances, and was not completely alert and oriented (she did not know where she was). Based on this CIWA scale, she was greater than 12 and therefore was actively withdrawing and needed some medications to help her through this. She was medicated with lorazepam to assist with the withdraw process. I feel like this assessment, interpretation, and repose was appropriate for the patient.

Describe your communication with your patient; was it therapeutic and professional? Provide one example of how you connected with your patient.

I thought the communication with my patient was therapeutic and professional. I was able to gain her trust in her opening up about how many drinks she really drank and that she was close to her brother (the person that brought her to the facility), and that her friend passed away recently and that made her sad. She also discussed about she sometimes felt bad about drinking so much and she really missed her friend.

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

Sometimes I feel like I don't really know what to say so I tend to say and do things like "oh ok" and just move on to the next topic or question. I feel like I did this a couple of times and can improve upon that, by being more engaged and anticipating the off the wall answers.

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.).

My partner and I collaborated well in this scenario. We discussed the CIWA scale and the interpreting of the number I got and was able to use that number and information to provide the correct amount of medication for that patient. We worked well together to educate the patient with out patient resources and possible other ways of coping besides drinking alcohol. The education would be more beneficial for the patient if she were completely thorough the withdraw process.

Reflecting:

Describe one teaching need that you identified or implemented. What was the patient's response to that teaching need?

A teaching need that my patient needed was a support group. This absolutely did not need to be an AA type of group (although it would be beneficial for her), but one of support for the losses she had in her life (parents and friend), a way of learning better coping skills (not drinking), and having someone that may have been in her shoes before and can help get her through this rough time. A support group is Artisans here in Sandusky. Another teaching need for the patient was teaching about medications. In this scenario, it was lorazepam.

How did your expectations change as the simulation progressed? How did you adjust your nursing care to these new expectations?

As the simulation progressed from one group to the next, I was anticipating that the patient would be having withdraw symptoms and worsening, and was expecting worst case scenario, a seizure. As this situation progressed, (from one group to the next), I tried talking more about her friend and brother than about the actual drinking. I found that she started to open up this way more than the first group.

Write a detailed narrative nurse's note based on your role in the scenario. Patient appears to be unkept, with mismatched clothing and makeup running.

She is alert to self, date, and situation, but not location. Complaints of itching and feeling anxious, denies auditory disturbances, N/V/D, but is seeing spiders in the sink and slight tremors. Pt positive for CAGE and scored greater than 12 on CIWA scale. Medication administered per protocol for CIWA, maintain safety for worsening sign and symptoms of alcohol withdraw. Will continue to monitor.

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?



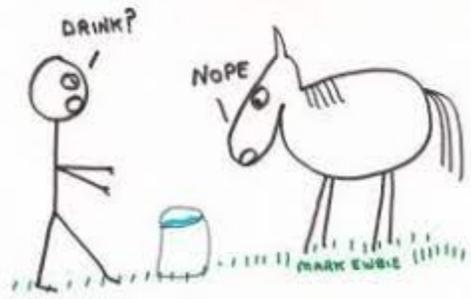
patient "hot mess express"

before. First impression of



the truth.

During. In real life take what they say and multiply. That's



wants change will.

after, only a person that sees the truth and