

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 Edvance360 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.

I noticed that my patient was in extreme pain (10/10) on my pain assessment. I can interpret that this was from her broken leg. I responded to this by letting the medication nurse know and then she prepped the morphine to give as soon as possible. I also noticed that her WBC count was a little high. I interpreted this that her broken leg wound could be infected, and we needed to start antibiotics as soon as possible. I responded by making sure that her antibiotics and fluids got hung before surgery. As I went through my assessment, I noticed that her left leg was blue in color, had no pulses, delayed capillary refill > 6 seconds, she felt like it was asleep, could barely feel me touching her foot and could not move her leg. I responded to this by lowering her leg off the pillow to make sure it was below the heart level. I should have taken off the ice pack, but I unfortunately did not think it would help the complications. I also should have stopped by assessment to do a focused assessment on the left leg, I will be sure to do this next time. Other than that, I feel like my response and interventions were appropriate to the situation and in a timely manner.

- 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 think that our communication during this simulation was the best it's been yet. Grace and I communicated very well during my assessment and her med pass. I let her know all the patient's vitals, pain score, and all abnormal findings so that she could get her medications ready. During her med pass I ensured that she did all of the medication checks before administering, I watched her waste the morphine, and verified the dose. I helped her hang the IV meds and verified that it was running correctly. I think I communicated well with the Dr, the wife, and with the oncoming team.

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

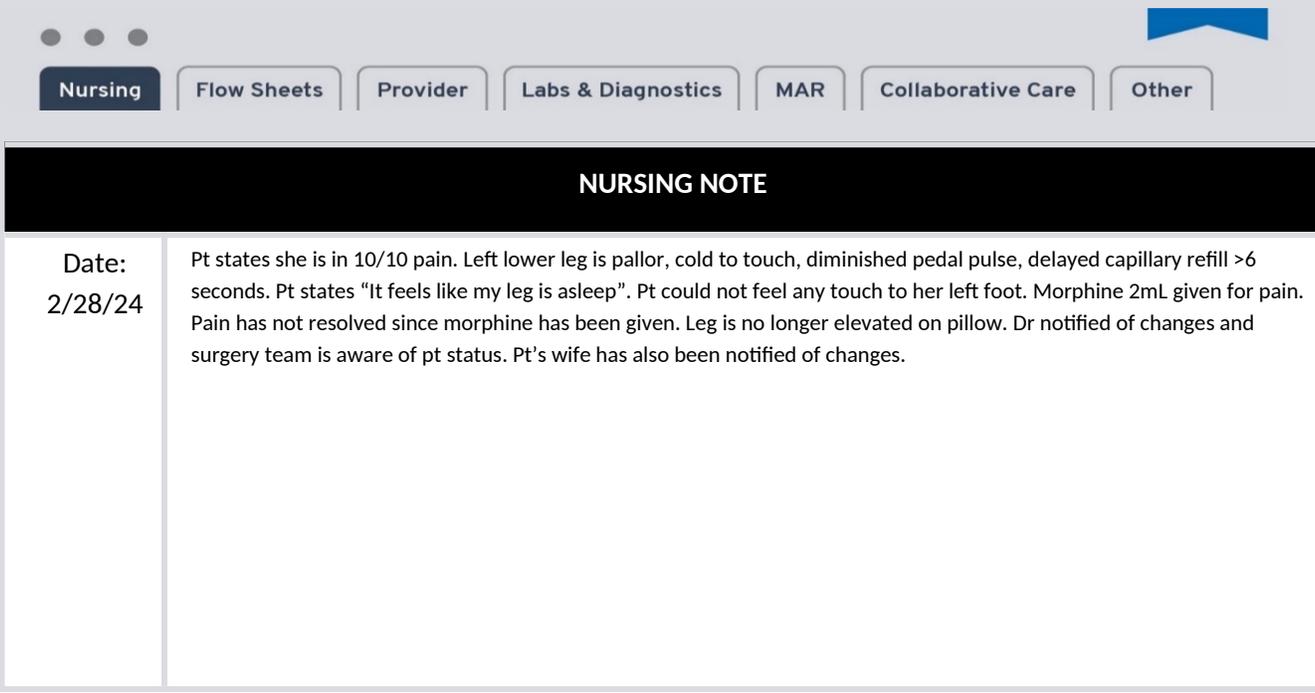
Some communication that could use improvement would be calling the Doctor and calling family members. I know that nurses have to do these things daily and I need to get used to giving a small SBAR to the Dr and repeating back orders to ensure they are correct. When I called the patient's wife, I had to pause for a second after she asked why her surgery was getting moved up. I did not want to startle her and make her worry even more, so I had to think about what I was going to say. I ended up telling her that there were some complications to the broken leg that needed to be repaired as soon as possible. I felt like this was a good way to say this without startling her too much. I probably could have given her a little more reassurance that she was doing okay at the moment, so I will make sure to do this next time. This will ensure that the family members don't need to worry too much and that their family member is in good hands.

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 I performed was that I took her leg down from being elevated. This is a very important step in preventing further complications with compartment syndrome. Although it did not relieve her pain, this is still an important intervention to keep the leg below heart level. In the future, I would also remove the ice pack from the patient's leg to prevent blood vessel constriction.

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



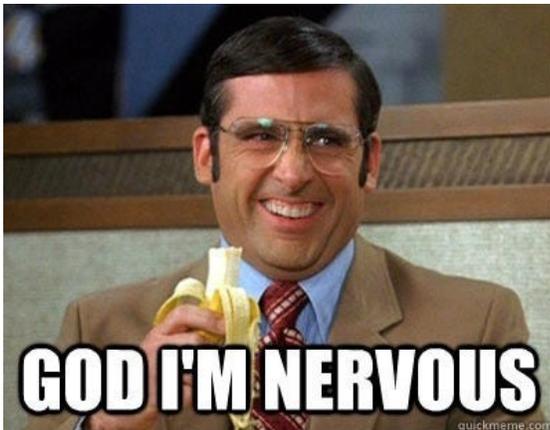
The screenshot shows a software interface for a nursing note. At the top, there is a navigation bar with several tabs: "Nursing" (selected), "Flow Sheets", "Provider", "Labs & Diagnostics", "MAR", "Collaborative Care", and "Other". Below the navigation bar is a header for "NURSING NOTE". The main content area is a table with two columns. The first column is labeled "Date:" and contains the text "2/28/24". The second column contains the following text: "Pt states she is in 10/10 pain. Left lower leg is pallor, cold to touch, diminished pedal pulse, delayed capillary refill >6 seconds. Pt states 'It feels like my leg is asleep'. Pt could not feel any touch to her left foot. Morphine 2mL given for pain. Pain has not resolved since morphine has been given. Leg is no longer elevated on pillow. Dr notified of changes and surgery team is aware of pt status. Pt's wife has also been notified of changes."

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

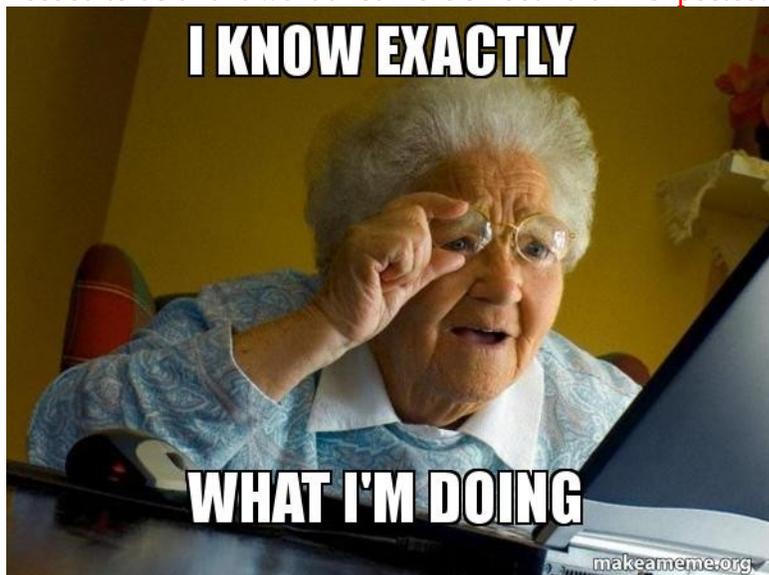
I could definitely improve on some things. I think that I should have stopped my head to toe assessment and prioritized her leg when she said she was in 10/10 pain. I should have done a focused assessment and then resumed my head to toe after that was completed. I also should have administered the morphine faster so that her pain would resolve quicker. To improve this in the future, I will now assess sites of pain and complete a focused assessment before I do my head to toe to hopefully get that resolved as soon as possible. I also should have removed the ice pack from her leg to reduce blood vessel constriction. To improve on this in the future, I will ensure that all of my patient's pain interventions are appropriate for what they have going on. For example, if they have a heating pad on a site at risk for infection, I will educate them about the heat creating a higher risk for infection and remove the pad. For any sites at risk for constriction, I will educate the patient and remove that as well.

- 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: Before the simulation I was a little nervous for what was going to happen. I was not super confident in myself and that I would know what to do if something got thrown at me.



During: During the simulation I gained my confidence back after I got started with my vitals. All of the abnormal signs and symptoms the patient was experiencing lead me right to the correct interventions I needed to do and it went a lot more smooth than I expected.



After: After the simulation I felt so relieved to be done and that we had successfully cared for our patient. I think that we worked together really well, and I am now looking forward to future sim labs. Hopefully I won't be as nervous next time!

