

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Responding:

- I noticed that my patient was in a little bit of distress while she was talking to me when I was asking about what was going on with her during the scenario. She had stated that her right leg was in a lot of pain. I noticed immediately that her right leg was purplish-blue (cyanotic) right away. I also noticed as well that she had a greater capillary refill than 6 seconds and weak pulses. Her vital signs showed that her blood pressure and pulse were rising. When I did my focused assessment on her leg, I had listened to her lungs as well and she was breathing rapidly, and she had explained she was having shortness and breathe, and it was getting hard for her to breathe. This coupled with the last nurses hand off report saying she is refusing to ambulate and put on SCD's or Ted hoses because of her immense pain. She has been immobilized because of her ORIF but needed to start ambulating with assistance to the bathroom. I interpret this to mean that she could have had a pulmonary embolism. I responded by immediately calling the health care provider and getting an order for oxygen, getting a blood thinning medication for the clot, and putting on SCD's or Ted hose for her.
- Collaborative care I used within the scenario was letting my student nurse partner know what the patients' vital signs were and what her symptoms were before medications were administered. We also attempted to figure out correct dosage calculation for the medication enoxaparin. We had to put our brains together and figure it out. I also had collaborated with the healthcare provider as to what complications she was currently having as in what I had found upon my assessment and her vital signs I had just previously took that were alarming.
- Some communication that could be improved upon would be my communication with the healthcare provider. When I initially called, I had just stated what symptoms the patient was having as well as the alarming vital signs I had found. I should have addressed which patient I was speaking about as well as give a brief report on what was going on with this patient and how she had gotten to this point. I had told the health care provider my patients SP02 had dropped significantly, her pulse and blood pressure had rose, her right leg was cyanotic with weak pulses, sharp chest pain and rapid respirations. I would reword this statement and add a bunch more by first stating I am speaking about Mrs. Sam Smith in room 3402 that had come in 2 days ago from a fall from a 5' drop and had an open oblique fracture on her left tibia and fibula, she had an ORIF two days ago to fix this and has been refusing any ambulation and SCD'S/ Ted Hoses since after the procedure. Due to refusing any ambulation or SCD's/ Ted hoses her right leg is currently cyanotic, warm to touch with peak pedal pulse, her pulse and blood pressure have just elevated, and she is having sudden shortness of breath and sharp chest pains with rapid respirations upon my assessment a few minutes ago.

Reflecting:

- An intervention I performed that I had evaluated was needed was putting on SCD's/ Ted Hoses. I evaluated this based on the extreme complications that had already come from the patient refusing SCD's/ Ted hoses and ambulating. She should've already been ambulating or wearing SCD's/ Ted Hoses but due to refusal a pulmonary embolism had occurred in her right leg which was already a bad sign. This intervention was effective because she complied and let me put them on. This had saved her blood clot from getting worse and traveling to her lungs or somewhere that could cause severe complications. In the future if this intervention was ineffective, I would have had the HCP come immediately, because serious issues could arise from these not working, as in the pulmonary embolism traveling or even losing her leg due to having no blood circulation in her right lower extremity.
- Write a detailed narrative nurse's note based on your role in the scenario.

NURSING NOTE	
Date	Two days post op from an ORIF on the left tibia and fibula due to an open oblique fracture. Patient complained of sharp, burning pain in right leg 10/10. Right leg appeared cyanotic, warm to touch, pedal pulses weak with a capillary refill greater than 6 seconds. Patient then complained of sharp pain in chest with rapid respirations. Patient was sat up. Health care provider called. Administered ordered oxygen via Nasal Cannula. SCD's placed on patient.

- Improvements that I could make would be with communicating with a health care provider. Although I have never spoke with an actual health care provider or physician about a patient, I could improve on a few things when calling them. To improve my clinical practice in the future, I will be as detailed as I can when explaining what is going on and why I am calling. I will explain the patient's situation and the background of the patient and fully use a quick SBAR report for the healthcare provider to ensure they know what patient I am taking about and why I would be calling.

- Before the simulation scenario I felt like this, although we are not being graded on what we do, it is nerve raking to watched by your 3 peers as well as your teachers.



- During simulation scenario I felt like this. Although I was prepared when in simulation, I felt my mind blank on what I needed to do next and felt like I kept forgetting to do something even though I did everything I was supposed to.



- After simulation scenario I felt like this because as soon as I left the sim lab a million things came to mind on what I could've done and what I should've done better.

