

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 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.

Something I noticed about our patient was that her pain level was a 10/10 in her left lower leg which she had two fractures in. While Tylie was doing her assessment, she called me in the room to see if I could help her feel for the patients dorsalis pedis pulses since she could not find them. We eventually felt the pulse in the right foot, but not the left, and I immediately noticed that her left foot had started to turn blue. After seeing this, and administering the morphine that the doctor ordered, my mind went straight to this being possible compartment syndrome. Due to her being in extreme pain, feeling pressure in her leg, not having a pulse on her left foot, and her telling Tylie that she could not feel her left foot lead me to believe that this was an emergent situation, and we needed to move fast to call the doctor, and start getting her IV fluids running so she could get to surgery. Tylie was able to remove the ice pack and pillow from her dressing site, and we started to get the IV bags hung and running as soon as we could.

- 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 Tylie and I had really good communication throughout the scenario. We never hesitated to ask each other for some help if we needed it, whether it be feeling for a pulse, or trying to figure out how to program the IV pump correctly. Since I was the medication nurse, one of my tasks to do was to hang a bag of normal saline as well as an IVPB of an antibiotic such as Cefazolin. It was nice to be able to have an extra set of hands to help hold the different tubing, and help flush the IV while I was starting to prime the tubing. One thing we forgot to communicate was if either of us had clamped the secondary tubing before we started to prime it, so it leaked out a little bit before we noticed and then proceeded to clamp it. After we got both of them primed and ready to go, we started to program the pump. I was definitely glad that Tylie was there to help me out because I am not sure if I would have been able to figure it out myself.

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

One of the things relating to communication that could use improvement would be when Tylie and I were hanging the IV fluids and we forgot to clamp the secondary tubing prior to spiking the bag and filling the chamber. I remember her handing me the tubing and when I went to spike the bag and start to fill the chamber the medication started to come out the other end of the tubing. I recall saying, "I thought you clamped it" to Tylie, and her saying that she thought I had clamped it before handing it to her. I know this is a simple mistake that be easily fixed, but just losing that little amount of medication that was supposed to go to the patient is not good. In order to help prevent this from happening in the future whether it be in clinicals or out next simulation I could rephrase what I originally said to simply asking the question, "Did you clamp the tubing?" and then proceed to check myself before going ahead and assuming someone else did before spiking the bag to prevent wasting the medication or fluids that are to be given to the patient.

**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 giving the patient 2 mL of morphine for her pain, which she rated a 10/10 in her left lower leg. I was able to evaluate if giving the medication was effective in helping her pain by asking her a little later how her pain was, and if the morphine seemed to help at all. Due to her having suspected compartment syndrome, her pain did not seem to get much better until after her ORIF surgery, when she rated her pain as a 2/10 in her left lower leg. Therefore, the intervention of giving the patient morphine was not very affective at the time. I think in the future, I would give the intended amount of morphine, and when I reevaluate her, call the doctor and update him faster on her pain status to see if he would want to up the dose or leave it how it was.

- 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 buttons for 'Nursing', 'Flow Sheets', 'Provider', 'Labs & Diagnostics', 'MAR', 'Collaborative Care', and 'Other'. Below this is a header for 'NURSING NOTE'. The main content area is a table with two columns: 'Date' and a text field for the note.

NURSING NOTE	
Date 2/28/2024	Patient had extreme 10/10 pain in left lower leg, 2 mL of Morphine was given as a STAT order intramuscularly in the arm. Due to patient developing suspected compartment syndrome, the scheduled ORIF surgery was moved up as an emergency surgery and antibiotic fluids were started prior to the surgery. 1000 mL of NS was infused at 20 mL/hour and Cefazolin was infused at 0.5 mL/hour prior to surgery. Pt tolerated medications well and pain decreased to 2/10 post-op.

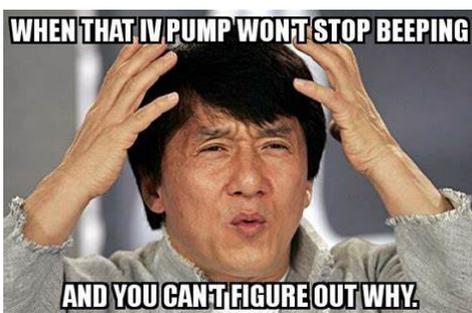
- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?

I think overall, the simulation was not too bad, although there are definitely some things I can do to improve my clinical practice in the future. When giving the IM injection, I used a blunt tip needle while injecting it into the arm, rather than using the proper needle. This could cause my patient to have more pain than expected during the injection, which is not something that I would want to cause to happen. I definitely will look over my notes and review the proper technique and steps for doing an IM injection prior to my next clinical experience.

- 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

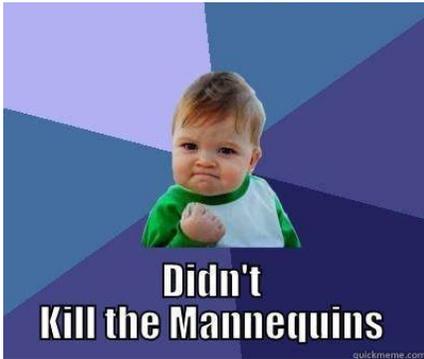


1. I choose this meme because prior to going in to simulation, I am always super nervous because you have an idea of what you are going to walk into, but you really have no idea. It's also exciting because you get to show off your skills and what you have learned throughout the last semester and a half to help care for the patient.



2. This meme is definitely a representation of what I felt during the simulation. Since I have hung IV fluids before during clinical, I did not think it was going to be too difficult, until I realized I had to program the pump which I was still learning how to do by myself. When hanging the

fluids and programming then into the pump it would beep at us, and we had no idea why, but we managed to fix it and get it all programmed correctly.



3. I feel like after simulation we tend to look on the negative side of things, and notice every little thing we did wrong, rather than the simple fact that we made it through another simulation successfully without killing the patient which is always a plus in my opinion. I also felt super relieved once it was over because I knew I had a few things to get done and turn in and then I was going to be on spring break for a week.