

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.

One thing I noticed was that my patient had pain of 6/10 in the right leg and this leg was not the one that was operated on. She also was experiencing tightness and pain of 8/10 in her chest. Her vital signs were also abnormal with BP:149/90, SPO2: 84%, P:131, RR:30. Additionally, the CT scan showed that she was experiencing a PE in her left lower lobe, elevated WBCs, BUN 40, and creatinine 2.1. This would be coupled with the admitting diagnosis of a complete open oblique fracture of the left tibia and fibula, and a history of COPD, HTN, atrial fibrillation, hypercholesterolemia, smoking 2 ppd X 30 years, and enlarged prostate. I would interpret the clinical findings to be a pulmonary embolism and the CT scan confirms it. I would respond by notifying the healthcare provider because this is an emergent situation. They would request the following orders: D-Dimer, ABGs, BNP, CXR, Oxygen via NC, and Morphine 4mg IM, then come to see the patient in person.

[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.]

- 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.).
When I took a look at the medication orders I had seen that there was Percocet ordered for pain on a rating scale, so I asked my partner what the patient rated their pain at, in order to give the correct dose. Then the patient's vital signs started to decline along with tightness and pain in her chest, so me and my partner talked about how she might be experiencing either a fat embolism or a pulmonary embolism. We then compared the clinical findings with each diagnosis, then decided it

was a pulmonary embolism. I had also called the healthcare provider to notify her about the patient's declining status, which allowed them to order labs and oxygen.

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

One example that could use improvement would be my communication with the healthcare provider. When the HCP told me about all the orders that she wanted, she was going very fast and I didn't read the orders back to her. I would now ask the HCP to slow down and read all the orders back to her, to make sure everything was correct.

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 to give the patient 150mg of enoxaparin to help with thinning out the blood and prevent further blood clots. The intervention was effective, but I did not do the dosage calculation to make sure I was giving the correct dose. It ended up being correct, but it could have been wrong and I could have made a med error, so in the future I will do the dosage calculation. Another intervention that I did was to administer Percocet, a pain medication, for the pain she was feeling in her leg. I felt like it might have been effective, but it wasn't necessarily needed due to the HCP ordering the morphine for pain, so I wonder if I should have given both of them to the patient.

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

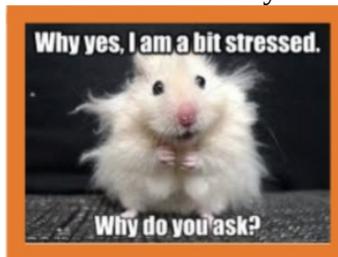
The screenshot shows a software interface for writing a nursing note. At the top, there is a menu bar with several tabs: "Nursing" (which is selected and highlighted in dark blue), "Flow Sheets", "Provider", "Labs & Diagnostics", "MAR", "Collaborative Care", and "Other". Below the menu bar is a black header with the text "NURSING NOTE" in white. The main area is a large white text box with a thin border. On the left side of this text box, there is a vertical column for the date and time, containing the text "Date", "2/29/2024", and "1600". The rest of the text box contains the following narrative note: "Pt started to c/o tightness and pain in chest of 8/10, and pain of 6/10 in rt leg. Vital signs were BP:149/90, SPO2: 84%, P:131, RR:30. Called HCP and labs were ordered along with oxygen via NC. Percocet 5mg PO, Morphine 4mg IM, and 150mg of enoxaparin were administered. Pt's SPO2 came back up to 90% and pain/tightness in chest was relieved. BP, P, and RR all also started to come down."

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

For future clinical practice I will look over my dosage calculations to make sure I do not make any medication errors. I will also tell myself to think about what I know and take that prior knowledge and apply it to what the patient is dealing with in that specific time.

- 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: Anxiety



During: Overwhelmed

A slight inconvenience happens
My brain:



After: Frustrated



I chose anxiety for the before phase because I tend to always feel a sense of anxiety before I have to perform anything, I felt alright about my knowledge going into the simulation, but I knew there were things that were going to be thrown at me. I don't feel very confident with handling curveballs yet. I chose overwhelmed for during because the patient started to decline very drastically all of a sudden and I felt like I froze and didn't know what to do. I knew I could talk with my partner, but she was also busy doing her job as the assessment nurse, so I felt alone when trying to figure out what I should do with my medications. I chose frustrated for after the simulation because I felt like I could have done better, and if it was a real patient, they could have coded because of my delay with the medication. The debriefing made me feel a little better, but I was still disappointed with myself.