

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 that I noticed on my time of simulation was that my patient was complaining of shortness of breath and was constantly coughing showing difficulty trying to catch their breath with their lung sounds having crackles and a way that I responded to this was first sit the patient up because this encourages lung expansion. How I went about the symptoms the patient was having was to go ahead and call the provider because my patient had just had a ORIF and my patient had pain in their lower right calf, appeared red, 2+ pitting edema and warm to touch, age was 55 years old, lung sounds had crackles, oxygen saturation going down to 85%, and in report the patient had shown to be non-compliant to wanting to get up and be active throughout their time after surgery. I interpreted these finding as a DVT that had turned into something worse such as a PE by traveling up into their lungs and sure enough it was just that by confirming it with imaging. I went ahead and went into action based on the Providers order by administering oxygen therapy, assist in anticoagulant therapy and in this case it is enoxaparin to the patient to try and break up the blood clot that the patient has. I also educated the patient onto why they may have acquired the PE which is inactivity, and encourage coughing and deep breathing exercises.

[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.).

An example of collaborative communication that I used was talking with the healthcare provider when I had issues with the patient's medical status declining. I needed further instructions on what to do with the patient and see if we can get new orders made with the new issues that arrived. The healthcare provider was able to order some labs, oxygen, imaging, and medications. I also collaborated with the medication nurse in my simulation regarding introducing a new medication for the patient's Pulmonary embolism they had formed and with that the provider ordered enoxaparin. I wasn't too confident on all the medication does so when the patient had asked me I didn't want to give them the wrong answer or dismiss their question so I let them know I will get the information from the medication nurse and get right back to them when I have that answer.

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

One example of my communication that could be improved would have to be when I told the patient that "If they would have gotten up their DVT could have been prevented". I believe that a better way that I could have worded this could've been "I know that you struggled with getting up and as you said you felt scared to get up because of the fear of falling so I wanted let you know that we are not going to let you fall or get you up if we feel that it wouldn't be safe too, moving and early ambulation is a key component in your recovery from your ORIF surgery because as we move we are able to allow for circulation and as well as for lung expansion which is going to help you recover quicker and get back to your life quicker". In this situation I do believe that if the patient feels blamed for the result of getting a PE and acquiring a DVT that could cause them to neglect care and want to stay in bed longer and with no explanation wouldn't allow them to know the benefits of early ambulation because they most likely don't have the health literacy that we have as healthcare workers and with topics that we cover in class. One should explain things to the patient as if they have never heard of it before to allow them to fully grasp the importance of certain things.

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 had performed for the patient was put oxygen on them because of the patient desatating and going down to the 80s for oxygen. I believe that the intervention was effective because of the patient's oxygen going up to 95% and the patient was not complaining of anymore shortness of breath. If the intervention that I had done was not effective for the patient I would do another focused respiratory assessment for the patient and call the provider again and let them know if the patient wasn't improving or a further decline was happening to get further orders for the patient of possibly have the healthcare provider come in and see the patient.

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



Nursing
Flow Sheets
Provider
Labs & Diagnostics
MAR
Collaborative Care
Other

NURSING NOTE

<p>Date</p> <p>02/28/2024</p>	<p>Sam was awake and alert and oriented upon walking into the room. Sam is in the hospital for having an ORIF on their left lower leg. When doing a head to toe assessment on Sam they reported that they felt pain and discomfort on their right calf. Patient stated that their “right calf feels very tight and has pain when moving their right calf”. Patient’s blood pressure appeared to be 150/80 with a oxygen level being at 85%. Called the provider in regards to the patient’s symptoms and the rating of pain being at a 8 out 10 on a scale of 0 to 10 on their right lower calf. Patients right calf appeared to have edema, warmness to touch, capillary refill being longer than 3 seconds, and looks tight. Patient educated on the importance of ambulating and using the SCD’s ordered by the healthcare provider to reduce the chances of acquiring a deep vein thrombosis. Called healthcare provider based on the findings presented by their right calf and as well as their vital signs. Healthcare provider ordered patient to be on 2L of oxygen, ordered morphine for the pain. Patient’s x-ray shown that they have a pulmonary embolism in their lung. Patient has been placed on 2L of oxygen with oxygen levels improved to 95%. Patient ordered enoxaparin for their pulmonary embolism. Patient has been educated on the importance of taking enoxaparin to break up the clot that has been identified. Patient has a history of not being compliant to medication before. Patient used the teach back technique and verified that education was successful.</p>
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- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?

An opportunity for improvement that I could use would be when I do a head to toe assessment and my patient starts complaining of a certain area of their body I shouldn't try and finish my head to toe but rather do a focused assessment in regards to the body part they are having issues with. I could also look up any new medications that the patient has ordered prior to going into introducing them because the patient may have questions for what they are and in this case they did so I could save time and been able to educate them right away rather than having to leave to go look them up and come back in. Some steps that I am going to take to improve my clinical practice is look up all my medications and check for any new orders placed and have a understanding of them such as looking them up and writing them down so I don't forgot and go down the list with my patient picking the ones they aren't familiar with and breaking down what they would be taking and the therapeutic effects of it. Another key component for my clinical practice would be too check up on my patients key problem which in this case was the pain and discomfort in their right leg because my main focus should be to protect my patient physically and what I mean by this what is going to hurt my patient the quickest or harm them to the point where we have to do an invasive procedure

to try and save their life when all of this could have been prevented by simply paying attention to it first and acting quickly.

- 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: I chose this picture because even when I went over the patients chart and prepare for the simulation I was still nervous on how things were going to go down.



During: My patients health status kept progressively going down and I was concerned for them.



After:

I was relieved that I was able to help my patient out without any further complications happening.