

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.

[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.]

One thing that I noticed right away when reading our Sim #1 Musculoskeletal Focus document was that our Sim patient was a transgender. At first I thought that it might be a mistake so I went back through the patient information to see that she was identified as a female and the word she/her were used several times in the description. The reason I felt that this patient might be a transgender was because she had an enlarged prostate. I was fairly certain that a female did not have a prostate, but it did say that the female body does have glandular tissue below the bladder that surrounds the urethra as well and appears to be similar to a male prostate. So, I was sure that this patient was transgender after reading that. That brought up my next curiosity was the patient on hormone therapy? There were no indications in the chart information that this patient was on therapy, so when we were in the second scenario I asked if the patient was on hormone therapy and the reporting nurse stated she was at home. I do feel I reacted appropriately, because whenever I would need to address the patient with a pronoun I would use she/her. I believe this proved I was appropriate because the patient seemed comfortable with us.

- 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.).

Collaborative communication that was utilized within this scenario was when there were very important questions that needed answered in order to give the patient her appropriate care we contacted the physician. The biggest thing I have to remember for in the future (which is why I am glad it was a Sim scenario) is to gather all necessary information about the patient that the physician might ask and have it ready before the call. I jumped too fast most of the time because I was concerned for the patient and helping her that I didn't gather my information. I also feel that I collaborated with my student partner nurse because she was having difficulty understanding the amount of morphine the patient needed and I was explaining how much Hannah needed to have left in the syringe for the patient to equal the amount ordered in the MAR by the physician. Another situation where I feel I was appropriate, but maybe a little too brass with the patient was educating her with being compliant with her medications. Sam was being noncompliant with taking her warfarin for her A-fib. I explained the importance and expressed that not taking the medication could allow a clot to form and the clot could cause her to die. I probably should've been a little more thoughtful and softer on my approach and explained that in a different way. A GREAT learning experience.

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

The perfect example of communication I could definitely improve on was my presentation to the patient when educating her on her compliance with her warfarin medication. I was blunt and to the point with the patient as to what could happen with not being compliant with this medication. In the future I would again explain that the medication was prescribed to prevent a clot from forming, but when it came to explaining why I would say it a little more thoughtful. I would reword my statement something like this: "It is important to take your warfarin as prescribed by your physician because this medication helps your blood to prevent the forming of clots. A blood clot is very dangerous in the blood stream because it can go to your lungs and impair your breathing, or it could go to your heart and block an artery in the heart and prevent the blood flow to your heart. I understand that the side effects that you're having are not ideal, but you could ask your physician to maybe prescribe a different anti-coagulant for you."

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 with the patient was to elevate her right calf when she was having pain and elevating the HOB when the patient was having chest pain. The intervention with the calf pain was a little helpful to the patient as the patient expressed, but elevating the HOB was not successful in decreasing the chest pain. In the future I would recognize to be more aware of the fact that the patient had expressed noncompliance with an anti-coagulant and recognize that patient's not compliant with this type of medication is mor susceptible to throwing a clot. This is an emergent situation and trying to think in advance to this and calling the physician to get an order

to get the patient back on therapy to become therapeutic is the most important thing I could do for a patient. Definitely another learning experience!

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

NURSING NOTE	
Date	2/29/24 1605 The patient is a 55 year old male, trans gendering into a female, with LLE ORIF. Sam began having RLE calf pain (6/10) and chest pain and tightening (8/10). Elevated RLE and elevated HOB. Sam felt some relief with calf and none with chest pain. Sam’s oxygen level dropped to 85%. Sam recently admitted to noncompliance with warfarin therapy for A-fib. Diagnostic results showed PE in patient’s lung. Med Nurse and I phoned physician (Ammanniti) and informed of PE. Dr Ammanniti prescribed morphine 4mg IM for pain as well as enoxaparin. Patient started to feel relief of chest pain and RLE pain. Physician was on the way to monitor patient and perform surgery on LLE ORIF.

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

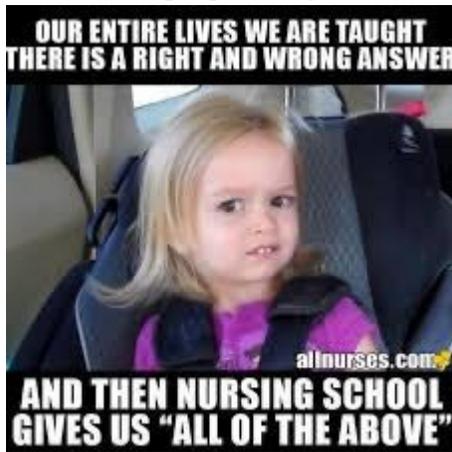
I definitely feel I made several mistakes in this scenario because of lack of experience. I got anxious when the patient started having chest pain and my thought process was either a fat emboli due to the fractured tibia and fibula or a PE. I was so flustered when I realized that I wasn’t paying attention to the patient’s vitals and trying to fix the chest pain and leg pain I missed the fact that the patient’s oxygen level had gotten down to 85%. I feel that experience is my best practice in this situation. Maybe volunteering my time when I am allowed to the hospital to put myself or witness more emergent situations so I can learn from them. Continue to read my material so I know the information and feel more comfortable with what I know so I do not get so anxious.

- 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 meme because I “thought” I was going to be okay, but ended up failing miserably!



During: I chose this meme because I felt no matter how much I was doing for my patient it seemed to not be helping and my stress level was elevating lol



After: I chose this meme because I was so stressed, disappointed in myself, and ready for it to be over!

