

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 immediately the patient complained of severe pain in the left leg. Since Ava was the assessment nurse, she took the vitals and I administered the pain medication immediately after, trying my fastest to relieve the pain of the patient. After reassessing following the morphine I administered, she still reported to be in a lot of pain. I responded by hanging the normal saline as well as the Cefazolin antibiotic through an IV. Finally, Ava and I made the decision to call the doctor after no interventions seemed to be working. The doctor then told us that the patients ORIF surgery would be moved up sooner to try and relieve the pain. I feel my response to this situation was appropriate. I tried everything I could before deciding to call up the doctor which resulted in the surgery being moved up. Following surgery, the patient reported to have a pain rating of 2/10 in the left leg, which is expected considering she just had surgery. Great! MD**
- 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 care I utilized within this scenario include communicating with Ava on interventions to relieve the patients leg pain as well as calling the doctor once we could not figure out anymore interventions for the patients' pain. The patients leg pain seemed to stay at a constant severe pain. We noticed the patient's respirations seemed to be a bit higher than what's within a normal range, as well as the foot having no pulse, and not much sensation. We determined this could be a sign of compartment syndrome since she fractured her left tibia and fibula. Ava did a focused assessment on the leg as well as took the pillow out from under her foot so that her leg was even with her body. Before the pillow was removed, I administered 2mL of morphine IM to the patient, which did not seem to help. Finally, we decided to call the doctor since none of our interventions seemed to help. Her surgery was then pushed up by the doctor in order to reduce her pain. Great reflection! MD**
- 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 use improvement is telling the patient a bit more about their medications. I did inform the patient of the morphine and that it was going to be an injection as well as drowsiness being a side effect of it. However, when I hung the normal saline and Cefazolin antibiotic, I did not inform the patient of**

any of the side effects, I only stated what I was giving. I could have told the patient that the Cefazolin is an antibiotic to reduce the chance of infection following surgery and that common side effects include nausea and vomiting as well as diarrhea. **This is a great point! Medication education is very important! MD**

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 I preformed was waiting to get the patient’s vitals before administering morphine. I was concerned with the vitals because I did not want to administer a pain medication if her respirations and heart rate were already very low, since these types of medications can cause decreased respirations and decreased heart rate. Her respirations were actually a little high, being 22 breaths per minute and her heart rate was 99, which is within normal limits. I believe this intervention was effective because if I were to administer the pain medication without vitals and they were already low, I could have caused even worse problems for the patient. Great reflection! MD**
- 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 several tabs: "Nursing" (which is highlighted in dark blue), "Flow Sheets", "Provider", "Labs & Diagnostics", "MAR", "Collaborative Care", and "Other". Below the navigation bar is a black header with the text "NURSING NOTE" in white. The main area is a form with a "Date:" label on the left and a text input area on the right. The date "2/28/24" is entered in the date field. The text input area contains a narrative note about a patient's condition and treatment, followed by a red tip from the instructor.

NURSING NOTE	
Date: 2/28/24	<p>The patient is a 55 year old female, admitted due to a complete open fracture of the left tibia and fibula. She complained of constant pain. She kept stating “please do something about this pain, it is getting worse”. I gave her 2 mL of morphine via IM. Hung 0.9% NS at 50 mL/hr as well as Cefazolin 1gm/100mL at 200 mL/hr IVPB. After further evaluation, she then stated, “the pain is not getting any better”. Doctor was called and patient’s ORIF surgery got moved up. Her wife was notified of the change in surgery.</p> <p>Helpful tip-be sure to not write specific dosages in the note. Always write “medications given as ordered” due to not creating discrepancies in what was in the MAR and what was in the notes. MD</p>

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future? **Based on my performance this simulation, I would like to get more practice with an IV. None of my patient’s so far have had an IV, so this simulation was the first time I was able to administer meds through this route. I could improve my skills by watching videos as well as maybe watching one of the other students give their patients**

medications through an IV if allowed, if one of my patient's does not have an IV. This is a great goal! MD

- 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? One word I would use to describe how I felt before simulation would be nervous. I was very nervous because I knew I would have to administer medications through an IV and I have never done that before in clinical, so this was my first time doing it besides in lab. During, I would use the word anxious. I felt anxious because, while I did prepare for simulation by watching videos on IV medications, I have never actually done it before so I was anxious to see how it would go for me. After, I would use the word relieved. I was very relieved for simulation to be over and actually felt pretty good about my performance with the IV medications. These are great descriptors! MD