

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.**

I was the Medication nurse for the second simulation. The first thing I noticed was the patient making noises and the smell coming from the room. My patient was making moaning noises, and noises that sounded like she was vomiting. The assessment nurse went in and found out she was having pain and vomiting which explained what I had noticed. I went into the patient's room and verified their name, date of birth, and allergies, and I asked questions regarding the medications ordered. I used my interpreting skills to realize Morphine was prescribed for the pain, and Phenergan was prescribed for the nausea. I also interpreted these symptoms as due to her diagnosis of a GI bleed. I explained to the patient the action and side effects of the medications and clarified she wanted them. I responded by giving my patient both medications. The morphine was an IV push, and the Phenergan was an intramuscular injection.

I do feel as if my response was appropriate. After I gave the medications, I asked my patient twice about her pain level and once about her relief of nausea. Her pain went from a 6 to a 2, and the nausea was relieved. I made these medications I priority because I anticipated more orders from the HCP and because my patient's symptoms were becoming worse. The patient was losing fluids from her stools and vomit. The med to relieve nausea can reduce the risk of fluid loss and prevent aspiration. I also know a GI bleed is a serious complication and can quickly lead to further damage like perforation.

- **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 was between the assessment nurse, Zach, and I. While Zach was inserting the NG tube, I stayed behind him to assist him if he needed help. I was able to provide him with tape to help secure the NG in the patient's nares. Once the NG tube was in, Zach stayed with the patient while I called down to radiology. I called and requested an X-ray to confirm placement on the NG. This collaborative communication promoted safety for our patient because Zach was able to stay with her in case any complications arose, and I was able to step out

and make the call. While I was on the phone, I provided information regarding the patient, and I used respectful communication.

A second example of communication was when I had Zach verify my dose of Morphine, Phenergan, and the rate of my IV fluids. This verification ensured our patient was getting the correct dose of medication. A third example of communication was when Zach was on the phone with the healthcare provider. The HCP listed off three orders very quickly and it caught both of us off guard. I was able to write down the orders and I reminded Zach to repeat the orders back to the provider. This teamwork ensured we had the correct orders for our patient.

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

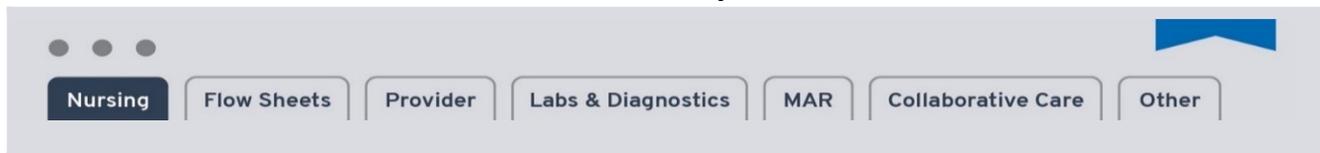
In report I learned my patient uses Aspirin excessively. I planned on asking her about her use of Aspirin and educating her. I found it hard to communicate with my patient when I or the assessment nurse was busy with tasks. My ability to build an interpersonal relationship and ask questions needs improvement. I asked my patient about her symptoms and relief, but I could have dug deeper into her history. I asked her questions such as “How is your pain?” or “Are you still experiencing nausea?” An example of better and more in-depth communication would be “Tell me about your use of Aspirin” or “Can you tell me more about what has been going on?”. This communication would have allowed me to learn more about my patient, their personal life, and how they ended up with a GI bleed.

**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 performed was administering medications to relieve my patient’s pain and nausea. I confirmed the intervention was effective by asking my patient if their symptoms improved. Another intervention I performed was administering normal saline at 125 mL/hour. This intervention replaced my patient’s fluids and electrolytes. She was experiencing fluid loss due to her excess vomiting and stools. This intervention was prioritized before the insertion of the NG tube. If these interventions were ineffective, I would investigate why. If her pain was not decreasing, I would conduct a thorough pain assessment. I would contact the HCP and report to him/her my assessments. If my patient’s nausea did not decrease, I would contact her HCP. A reason for her symptoms not decreasing could be the GI bleed progressed to a perforation which will cause more severe symptoms.

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



## NURSING NOTE

04/10/24

The patient reported 6/10 pain and was given 1 mL of morphine IV push. The patient states, "My pain is at a 2 now" after morphine. The patient was given 1 mL Promethazine IM and reports decreased nausea. The patient was started on Normal Saline at 125mL/hour and is connected to IV in the right forearm. A nasogastric tube has been inserted and connected to low intermittent wall suction.

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

To improve my clinical practice in the future, I will time manage my morning assessments and medications to allow time for me to build interpersonal relationships with my patients. By digging deeper into my patient's history, assessment findings, and psychosocial factors, I can provide better care and ensure the promotion of my patient's well-being. I will review communication techniques and utilize the communication section in our ATI to build a stronger foundation and improve this practice.

- **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 = Excited

When I was looking at the objectives for this simulation, I noticed we will be giving IV push and IM meds. I was excited to perform these tasks since I have very little experience with it. The only injection I have given in clinical is Enoxaparin and that comes prefilled. I have not used a syringe or drawn-up fluid during clinical. My last time performing this skill was in the medication lab at the beginning of the semester. I was excited to get more practice with injections before the semester came to an end.

During = Nervous

When I was verbalizing how I would give an IV push medication, I was nervous, and I struggled to visualize the task I was doing. Not being able to physically perform the task was nerve-racking, but I felt like I did a good job regardless.

After = Grateful

After the simulation, I felt grateful I was able to practice hanging IV fluids and giving an injection to a fake patient instead of a real one. The simulation increased my confidence in giving meds without an instructor.