

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.]

I noticed that my patient was very nauseous, and he ended up throwing up during my head-to-toe assignment. The vomit was consistent like coffee grounds. With the blood being thrown up and it being coagulated blood I knew the GI bleed was coming from the upper GI tract. That leads to either it being in the stomach or esophagus. I then called the provider and gave the patients situation, backroad, assessment/vitals. After I gave him a run down, I then asked him how I should provide treatment for this person. He gave us an order to hang fluids at a rate of 125mL/hour of Normal Saline and then to put an NG tube in. The fluids were to be hung so it helps with fluid replacement to help prevent dehydration and electrolyte imbalance. Then we decided to insert the NG tube in after the IV fluids were hung. The NG was to help empty the stomach to prevent more vomiting and irritation. The NG was hooked to suction on low intermittent setting. Finally, I had him set down to x-ray to make sure the NG was correctly placed before turning on the suction. I did feel like my response was correct because my patient was stable so there was no need for emergency surgery. So, the step I took was to help his symptoms while waiting for a resolution to this problem. I should have done a focused assessment on the abdomen before calling the provider but that is the only thing I would've changed.

- 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.).

I collaborated with my other student nurse about pain medication. My patient had a rating of 6/10 pain. So, I stopped what I was doing and went to her and asked for pain medication. I told her the level and description of pain as well as the patient's vitals. I also collaborated with the provider on the orders he wanted me to follow according to my patient situation. I had to give him a full report on the patient's situation, background, assessment/vitals and what I thought should be done. After my report to him he did give me orders to follow. Me and my partner decided fluids should be hung before placing the NG tube so that's what we did. I did also have to call a consult for an x-ray for the placement of the NG tube and for an endoscopy. All I had to do was give patient identification, room number, and the reason for needing these things.

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

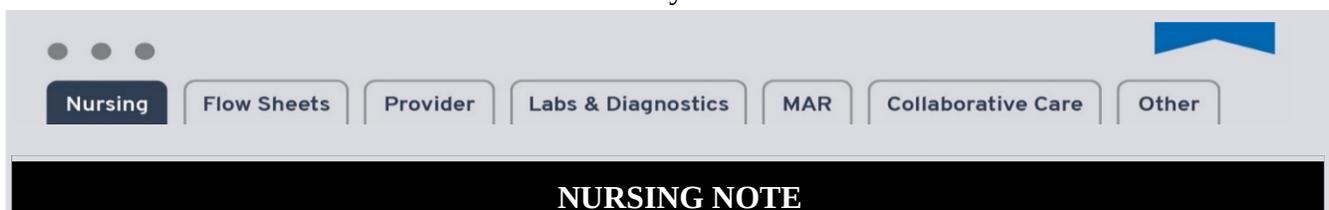
One example of communication that I could have improved was with the healthcare provider. As I was giving my SBAR report I was doing good giving information. I hit all the points in the SBAR to giving him but for background I just gave him a glimpse of my patient's background. I only told him the background of my patient's health history that could have related to my patient GI bleed. I only let him know about my patient's history of peptic ulcer disease, Gerd, smoking 2 packs of cigarettes a day and well and taking aspirin for the past 2 weeks every 6 hours. I left out key details like my patient has type two diabetes. So instead of hanging dextrose my patient got normal saline as fluid replacement while being on NPO which led to his blood sugar tanking fast. That led to more complications that could have been prevented with more communication.

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?

I evaluated my intervention of inserting an NG tube in by first getting an abdomen x-ray for placement. Then after knowing the placement was correct, I applied suction. After a while of suctioning, I went back and assessed his nausea and pain in the abdomen. These symptoms were managed and have improved. I also could have done a focused assessment of the abdomen to see if any distension or firmness has decreased. I feel as if my intervention was effective because my patient's symptoms have improved. My patient's pain and nausea have been improved by emptying the stomach. The only thing I would have done more in my evaluation of my intervention was a focused assessment on the abdomen.

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



The image shows a screenshot of a digital interface for writing 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". To the right of the "Nursing" tab is a blue bookmark icon. Below the navigation bar is a black title bar with the text "NURSING NOTE" in white, all-caps font.

Date	

On 4/10/24 at 0800 NG tube place in right nasal at the 25 marks. X-ray consulted for placement. NG hooked to low intermittent wall suction. Secretion consists of dark coffee ground like fluid that is thick.

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

The steps I will take to help improve are going through all the steps in assessing my patient. It is important to also assess you patient every time an intervention is giving to the patient to see how effective the intervention is for the patient and to assess any complications.

- 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- Nervous: I picked this word because it is always nerve racking to know instructors and classmates are watching you and I am always overthinking the scenarios.
 - During- Anxiety: I picked anxiety because I feel like it was hard to be put on the spot and have to talk to the provider for the first time.
 - After- Relieved: I picked this word because I felt relieved know I can do things unexpectedly and knowing I did it well without any help.