

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 had a patient who was a 65-year-old female. She first came to the hospital with a GI bleed after taking aspirin for two weeks because “it was cheap”. Patients have a history of peptic ulcer disease, GERD, Diabetes Mellitus, and diverticulitis. When I got her as my patient, her assessment vitals were BP 97/58, pulse 100, 95% RA, RR 22, temp 98.2. Complained of pain 4/10, with nausea. The abdomen was tender, with hyperactive bowel sounds and symmetrical distension.

She had an NG tube placed the previous shift, drainage by low intermittent suction. Her skin was cool to the touch and pale, the patient stated that she was lightheaded. For her pain she wanted morphine, but I withheld it due to her blood pressure being low. We took her blood sugar and it was 70. Molly called the doctor and he wanted us to give D5 at 125ml/hr. The patient notified us that her housing was a problem, and worrisome about paying the bill. Case management was consulted. After the D5 was given, the blood sugar came up to 80 and the blood pressure to 110/68. Morphine was given to help with her pain.

[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.).

Collaborative communication was utilized with my partner Molly, the healthcare provider and case manager. The team before me consulted with GI. The healthcare provider ordered the consult for case management and GI, he also gave orders to give D5% at 125mL/hr for the patient’s hypoglycemia.

- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific. I felt that communication with Molly went great this time around. During the sim, I told her to take the sugar, recheck the vital signs and blood glucose, and to call the doctor. I tried to let her take control of the simulation. I talked about this concern in my simulation and clinical. I don't let the other students learn and I want to fix things. For example, Tylie looked at me during a part of the simulation and asked for my help with the IV. I told her to ask Rachel. Rachel did come in to fix the problem. I shouldn't be the first person they think to ask. It should be the instructor. My improvement was communicating to a certain part. I let Molly talk to the doctor because she told me before, that she was nervous and wanted me to. That communication before starting the simulation helped her. In the post-brief said she felt more comfortable but still wanted to work on it. I gave words of encouragement, and I wouldn't change that.

**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? The nursing intervention I did was hanging D% at 125ml/hr. I also gave morphine IV push for Roberta's pain. That intervention did work. Her blood glucose went from 70 to 90. Her pain level went from a 4/10 to a 2/10. I should have remembered that the sim mannequin is still a real person. I needed to check IV placement and check the patient's name and date of birth. I didn't do those steps in real life that could cause the patient harm.
- Write a detailed narrative nurse's note based on your role in the scenario.

The screenshot shows a software interface with a navigation bar at the top containing buttons for 'Nursing', 'Flow Sheets', 'Provider', 'Labs & Diagnostics', 'MAR', 'Collaborative Care', and 'Other'. Below the navigation bar is a header for 'NURSING NOTE'. The main content area contains a table with a date column and a text column.

NURSING NOTE	
April 10,24	On assessment patient vitals were BP 97/58, pulse 100, 95% RA, RR 22, temp 98.2. Her skin was cool to touch, dry, and pale. She complained of lightheadedness with pain 4/10. Her blood sugar was 70. Dr. Dumbar was notified of the pain and blood sugar. He ordered D5% at 125mL/hr. 15 minutes after giving the D5, the patient's blood glucose was 80, BP was 110/68, and pulse was 88. I gave morphine 2 mg IV for her pain. After 15 minutes I rechecked the blood sugar it was 80 and her pain rating was 2/10. Roberta told me that she couldn't afford to pay the bill, due to her current housing situation. Dr. Dumbar was notified of increased blood sugar, and he consulted with case management. After a discussion on her housing situation with Roberta, she hasn't been taking her medication at home because she can't afford to buy them. She was taking aspirin for her headache because they were cheaper than Tylenol. Case management was notified of Roberta's financial problems. The plan of care continued.

The patient is resting in bed with eyes closed, respiration regular and unlabored. Bed is in a semi-fowler position with three side rails up. Bed in the lowest position. Patient has personal items and call light within reach.

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future? Improvements I could have made were verifying the name/DOB. The steps during the sim could affect my clinical practice drastically in the future. If this was a real patient, I would have put them at risk of getting the wrong medication. To improve I will need to focus more and not rush through the steps.
- 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- (overstimulated) The girls outside were worried about how it may go. They are asking me questions. I couldn't find Anthony because he borrowed my pencil, and I needed it back.



During- At the end of the hypoglycemia section with sim, Molly and I were looking at each other because we didn't know what to do next. Rachael did say we were done after a few seconds.

After (exhausted ) The night before sim, I didn't sleep because I was sick. I was scared I would forget to breathe through my mouth when sleeping because my nose was congested. I couldn't even smell the GI bleed because I was so stuffed up.