

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 that I noticed from the patient's health history would be that she was previously diagnosed with a plethora of Gastrointestinal Diagnoses (i.e., Peptic Ulcer Diseases, Diverticulitis, GERD) in combination with her current diagnosis of Type 2 Diabetes Mellitus. I interpreted this to be my top priority as Assessment Nurse being that she was admitted to the ER due to Gastrointestinal Bleeding. Initially, I responded by introducing myself to her and verifying she was who we were briefed about during handoff report. I then began assessing her based on her priority problems. First, I asked her what her pain level was on a scale from 1-10, in which she responded a 6 out of 10. She followed with stating that she was also experiencing intense Nausea and Vomiting. Being that she was in a substantial amount of pain and felt nauseous, she was due to receive her prn prescribed Morphine (for Pain) and Phenergan (for Nausea and Vomiting). I then continued with her focused assessment, which included vitals and an abdominal assessment. Her initial vitals with her 6/10 pain were a Blood Pressure of 100/67, Pulse of 96, and Respiratory Rate of 20. However, the vitals were progressively declining, and her Blood Pressure dropped to a 91/58, Pulse increased to 111, and her Respiratory Rate increased to 24. Her bowel sounds were hyperactive and remained that way throughout the simulation, and her abdomen was Round and Slightly Distended with no visual abnormalities throughout the simulation. However, once the focused assessment was completed, she began to gag indicating that she was going to vomit. I grabbed an emesis to collect the fluid she was going to regurgitate. Once she did, she stated that it does make her feel better throwing the excess fluids up. She also had a bowel movement within this chaotic time frame, which leads me into the collaborative communication of the scenario.
- 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.).

- o After the patient regurgitated her fluids and had a bowel movement, this indicated that we should call Lab due to her Vomit being a chunky coffee ground color and her stool being a dark tarry color/consistency. While communicating with the Lab, the communication went very smooth and they were very reactive which not only benefitted the patient, but the rapidity of the diagnostics results, and overall made our job easier and more efficient. However, this wasn't the case when it came to Dr. Dunbar being that she seemed very agitated and irritable, which could've had the possibility to generate a reaction from the care team, but we just laughed at her reactivity being towards us and not her patient.
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
  - o One example of my communication that could "use improvement" would be my reactivity towards Dr. Dunbar's ineffective communication skills. I don't fully recall what she said but it was in the realm of "What do I think should be done since I called with recommendations?", in which I responded, "That's not in my scope of practice." If I'm being honest, what I said was a reworded statement because what I wanted to say was "That's your scope of practice, so maybe you tell me since you got your Ph.D." So personally, I think I did great, if I do say so myself!

**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?
  - o I evaluated the interventions performed by reassessing the patient's vitals and level of pain. According to the reassessment data, her pain went from a 6-10 to a 3-10 after she received her medications and had the NG Tube inserted and connected to intermittent suction. Her vitals also began to stabilize after the interventions were implemented with her Blood Pressure increasing to 100/66. I personally don't think that we could've done anything differently than what we did. We made sure to do all of our Nursing Implementations before calling the provider to make sure we did all that we could to stop the decline. We weren't able to administer fluids or the NG Tube without orders, so I think we did a good job! The only thing would be that we could've called the provider sooner, but we wanted to make sure that our implementations were ineffective before doing so.

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

**NURSING NOTE**

11 April 2024 Roberta Melena, 65-year-old female, was admitted to the ER due to a GI Bleed. Once I received her, she had a SL IV in the R FA and hadn’t received any prn medications to my knowledge. When assessing her pain, which she stated was a 6-10, she stated that she also was experiencing Nausea and Vomiting. I also conducted a focused assessment on her GI, which showed a round and slightly distended abdomen with hyperactive bowel sounds in all quadrants. She received 2mg of Morphine via IV for pain and 25mg of Phenergan via IM for Nausea and Vomiting. She didn’t really respond to the pharmacologic interventions, so we inserted an NG Tube connected to intermittent suction due to her vitals declining and her Stool sample coming back positive for Occult Blood. When I left her, the suction had 550mL of coffee ground colored residual fluids and she stated her pain was a “3-10!”

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?
  - o Steps that I will take in the future to improve my clinical practice would be to make sure to reassess the patient’s vitals q15-30 minutes if the diagnosis requires me to do so. For example, the GI material states that we need to reassess Vitals and LOC frequently during an active bleed. I also don’t recall if we asked if she had received an Endoscopy to verify the bleed, but we did get verification from Lab with her stool coming back positive for Occult Blood. I feel like during this simulation I did what was required of me, but I also was kind of standing around waiting for the meds to be passed, so I will also make sure to use my time efficiently while waiting for the next steps in the plan of care to be executed.
- 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 (Me: looking at myself in the two-way mirror in the Sim Room):



During (Me: holding my tongue when the HCP was getting disrespectful on the phone):



After (Me: being “Thee Stallion” I am while watching Group 2):

