

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

The first thing I noticed about my patient when I walked in, was her low blood pressure of 100/68, shakiness, and having a sensation of “feeling off”. I interpreted these symptoms as possible manifestations of hypoglycemia because she was NPO and had a history of diabetes mellitus type two. I responded by immediately checking her blood sugar. Her blood sugar was at 70, and although it was low enough to follow hypoglycemic protocol, I knew we should take preventative measures. A blood sugar of 70 is very low, and I knew something needed to be done. I called the doctor and informed her of the patient’s situation as well as my partner and my objective and subjective findings, so that dextrose could be ordered. I knew my patient would need dextrose through IV because she was NPO and could not ingest anything to raise her sugar. I was able to start a Dextrose Normal Saline line at 125 ml / hr. I feel like my response was appropriate because I noticed her symptoms in a timely manner, and before her sugar dropped to a dangerously low level. Hypoglycemia can be fatal.

One example of collaborative communication that I utilized within the scenario was when my patient began to have a drop in sugar. I communicated with my student nurse partner to gather all the objective and subjective data that he gathered during his assessment. I then relayed these findings to the doctor to get an order for Dextrose Normal that my patient needed.

One example of communication that could use improvement is my communication with the patient. I could have been more inquisitive and asked more questions about her home life and her medication compliance to gain a better picture of her situation. This background could help gear my education and help towards her needs. I did not ask much about her social determinants of health, but if I were too, I would ask things like “What does your living situation look like?” This would show if I needed to help find resources that could help her find temporary shelter or cheaper houses. “Are you able to afford your medications each month?”, this could help me determine if she needed resources that could give her free or cheaper medications, as well as tell us if she is taking her medications. Her medications could help decrease the risk of a recurrence of a GI bleed. And “How does your home life effect you overall?”.

Reflecting:

One intervention I did was a medication pass. The intervention was effective, and they helped her situation. However, I would do them differently. The Morphine that I passed helped her with her 5 out of 10 pains, making it a 2 out of 10, but I had initially forgotten to flush her IV and aspirate for a blood return. The IV Dextrose that I simulated was successful in raising her blood sugar because her symptoms of hypoglycemia went away. I think it had something to do with it just being simulated, but I did not identify the patient when I changed the sticker label on the IV bag. I think I would have remembered if I had opened everything up though.

NURSING NOTE	
Date	NG tube in correct placement, evidenced by number at the nares at the beginning and end of shift. Patient's blood sugar taken. Blood sugar was 70, Dextrose Normal Saline ordered and administered. Patient reported abdominal pain 5/10. Morphine given; pain reduced to 2/10. Patient requested consult with case manager, case manager was called and came to see her.
4/11/24	

- One thing I need to better my skills at is medication pass. I will improve on my med passes by reviewing the six rights before every med pass and ensuring to fulfill all of them before leaving the patient at the end. I will make sure to identify the patient, check for the right drug, right route, right time, right dose, and right documentation.
- Before: Hungry
I did not eat breakfast and was regretting it while I sat and waited for the Simulation to start.
- During: Funny
Although I did take the simulation seriously, it was funny to watch and listen to the scenario when it was not my turn. The fake emesis and feces were gross but funny to wonder how they were made. There was also a sound coming from another floor that sounded just like a fake fart that made me laugh.
- After: Good
Even though I have room for improvement, I feel more confident in my skills and less anxious about Simulations than I used to.