

## Reflection Journal

- One thing I noticed with the patient was her appearance. Her hair was in two messy pigtails, her socks were not matching, she had an abrasion above her right eye, she had a bruise on her right arm, and her makeup was smeared. I interpreted this as she was not keeping up on her personal hygiene. Another thing I noticed with this patient was she kept bouncing her leg and changing her position in bed. I interpreted this as her being a little anxious due to my observations.
- During this simulation most of it consisted of having a therapeutic conversation with the patient. As the assessment nurse I did a good job making sure to ask the patient all the questions from the CIWA, CAGE, and the Mental Health examination. Getting these examinations and questionnaires done helped with communicating with the med nurse on how much Lorazepam to administer.
- My communication with the patient I think could have been better. I had a hard time figuring out what to say to the patient. During this SIM I was more focused on what tasks had to get done rather than conversing with the patient. When it comes to psychiatric patients it is a little different than being on a med surg floor. The therapeutic conversations are a lot more important when dealing with psychiatric patients and for the future I will make sure to incorporate more conversations with these types of patients.
- For this simulation collaborative communication was pretty important. I utilized this by collaborating with the medication nurse. Our communication was important because I had to get correct vital sign readings and correct CIWA scale. This communication helped the med nurse decide how much medication to give the patient.
- One teaching need that I identified was getting help for alcohol abuse. The patient had come in due to a fall. She reported having a six pack of beer daily. During the simulation she presented with symptoms of withdrawal from alcohol. She had tremors, itchy skin, hallucinations of spiders, and high anxiety. Having education about alcohol abuse may be able to help the patient find ways to cope and become sober.
- For this SIM I did not know what to expect, especially with a real patient. During the SIM I had noticed that the patient was acting pretty calm. I had taken the expectations of the patient being agitated and going through withdrawal. My expectations changed as I went through all of the patient assessments. These assessments helped me get a better understanding of how the patient was feeling.
- Nurses Note: Patient presented with anxiety level 4 out of 10. Patient states "drinks one six pack of beer a day". No other symptoms on CIWA scale present at this time.

# PSYCH NURSE



What patients think I do.



What my mom thinks I do.



What society thinks I do.



What my boss thinks I do.



What I think I do.



What I actually do.

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I picked this meme because this is the stereotype for the psychiatric unit. What we actually do is what I was feeling during the simulation. There is a lot more paperwork and mental assessments that go on in the psychiatric unit than most others.