Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

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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 (Sim #1 Reflection Journal, Sim #2 Reflection Journal) by the Saturday following the simulation experience, no later than 2200.

Responding:

- Summarize your clinical judgment utilized in this scenario by discussing all relevant data you noticed, how you interpreted this data, and how you responded. Do you feel your response was appropriate? Explain.

  During the scenario while I was an observer, I noticed that the HR and BP were both slightly elevated at 154/88 bp, 99 hr, the patient was complaining of severe 10/10 pain in her left lower leg with increased pressure, and that the left foot appeared bluish toned with absent pulses or sensation. The patient also reported numbness and tingling. My group mates and I interpreted this as suspected compartment syndrome, and we took action by relieving pressure from that fracture site as well as calling the HCP. Arabella lowered the patient's leg from the pillow, removed the sheet from that left leg to remove some pressure, took the ice pack off the leg, and also called the HCP which resulted in getting the patient's surgery moved up to prevent this issue escalating to a more severe complication. She also made sure to stabilize the leg. In addition, the med nurse Brooke gave Morphine Sulfate 4mg IM once for pain. I feel like this was an appropriate response because the med nurse and assessment nurse worked together to do everything they possibly could to prevent the compartment syndrome from escalating to something like a fat embolus. They were also prompt in their response which is important, and promoted patient comfort as able.

  [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.).
  During the simulation, an example of collaborative communication that I utilized was talking with the assessment nurse, Brittany, as I was trying to do dosage calculation. I noticed that I had a complete brain fart on how to do the dosage calculation problem, and we worked together to try and solve it. I was also able to collaborate with Brittany on searching up different lab values on Skyscape when she was having a hard time finding them, as well as she was able to assist me in bringing supplies to give an injection when I forgot. With collaborative communication, I was able to have Brittany bring me an extra alcohol swab for my injection I gave when I ran out of the swabs. This made it so that I did not have to "leave" the patient's room and come back. Another way that the med nurse and assessment nurses during both halves of the scenario were able to collaboratively communicate was by asking for a witness to waste a medication with. Lastly, my group members also did a great job in collaborating with the HCP over the phone to get the necessary orders for the patient care.
- 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 my communication that I noticed could use improvement was when communicating with the simulation preceptors on the medication I was giving. There wasn't necessarily anything that I worded incorrectly that I recall, but more so something I left out that I should have included. For example, I did a poor job in communicating with Rachel and Monica the route I would be giving the medication and the needle size that I was using. Monica had to ask me what length needle I was using for a subcutaneous injection, when I should have remembered to tell her myself. I also forgot to include that the Enoxaparin would be given subcutaneously, because that was not included in the order but I failed to notice that; however still giving it subcutaneously. Not that I need to reword anything because it wasn't said at all, but before next scenario I will just make sure to review the 7 rights of medication administration so that I remember to tell the preceptors all the necessary information.

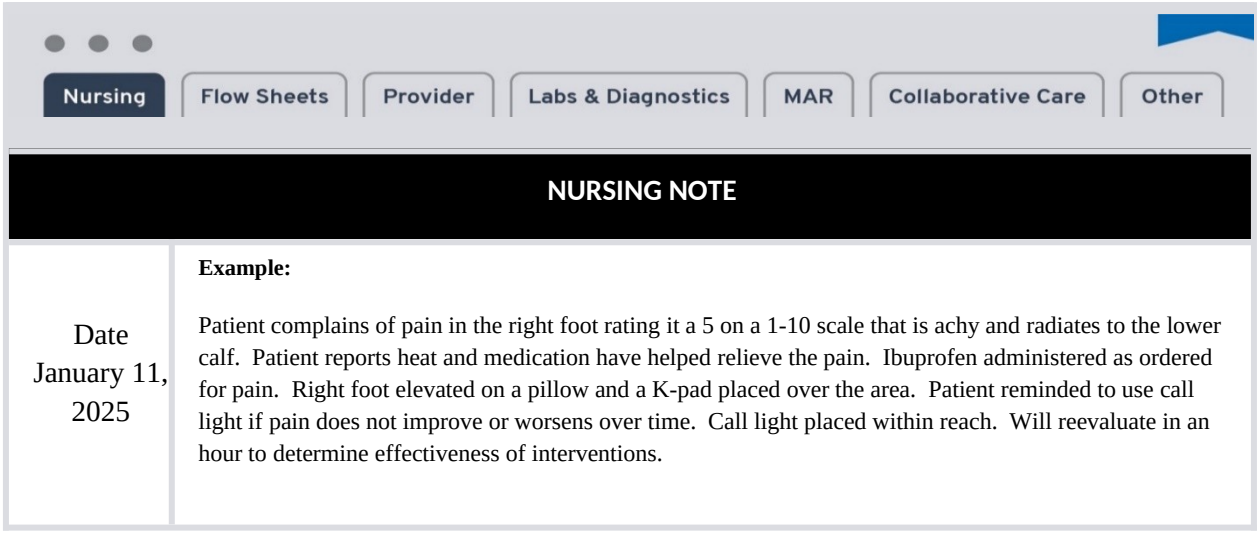
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified. **A conflict I experienced during this simulation was that my patient was having manifestations of a deep vein thrombosis which developed into a pulmonary embolism. For example, she was having severe pain in her right leg which also displayed some redness and edema. Sam was also complaining of shortness of breath and her oxygen saturation dropped to 84%. In addition, Sam was refusing to ambulate or wear SCDs, increasing her risk for blood clot formation. My CUS statement is I am concerned that Sam Smith is displaying signs of deep vein thrombosis.**

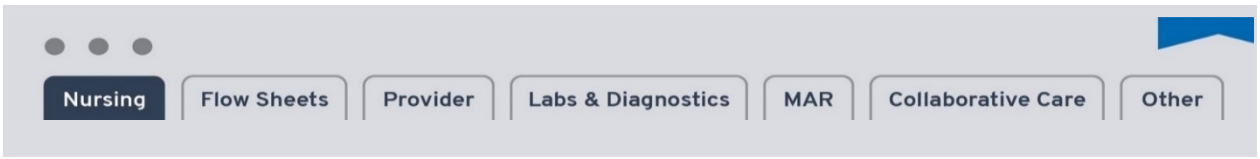
I am uncomfortable with the fact that she is also having respiratory symptoms, indicating that this may have progressed to a pulmonary embolism. I believe Sam's safety is as risk because she may go into respiratory arrest if we do not act promptly; we need further orders from the HCP to determine what we are missing.

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? **An intervention I performed during this simulation that I was able to evaluate was administering injection medications, and I concluded that I need more practice with dosage calculation. I felt confident in the dexterity of preparing a syringe and actually giving the patient the shot, however unfortunately I miscalculated the dose for the Enoxaparin injection. With this being said, the intervention would not have been effective because I gave 0.7ml of the medication when I should have given 1ml. I also actually miscalculated to 1.4ml the first time, but did not actually administer that. In the future I will make sure to really practice more dosage calculations in my free time, and when it comes to actually preparing to give a med in the clinical setting, I will have someone double check my work so that I don't give the wrong dose.**

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





NURSING NOTE	
Date February 27, 2025	Patient complains of pain in her right lower leg rating it as an 8 on a 1-10 scale that is constant pain that feels edematous and warm. Patient appears to have developed DVT. Patient reports refusal of nonpharmacologic methods such as SCDs, TED hose, or early ambulation. Morphine administered as ordered for pain and Enoxaparin to prevent blood clots. Patient educated on the importance of SCDs and early ambulation to prevent worsening of DVT. Call light placed within reach. Will reevaluate in 30 minutes to determine effectiveness of interventions.

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?
  An opportunity for improvement I noticed within myself from this simulation was my communication with the patient while giving meds. I felt like I did a good job asking about allergies, verifying the patient, and telling the patient what the med was for as well as the route, but I feel like I could have gone more in depth with telling the patient possible side effects. This is because, you never know when a patient may ask you in depth questions about a med so it is good practice to get used to telling them more about it. To improve my clinical practice in the future, I will begin telling my patients at least one side effect of each med they are getting at every clinical I have.

- 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 the simulation scenario, I felt excited. I chose this word because I felt excited to get it over with to get the anxiety out of the way. During the scenario, I felt awkward. I chose this word because I feel like during simulation, it is common to encounter not knowing what to do/feeling confused on something, whether that be yourself or seeing one of your group mates seem confused on something, and it is an awkward feeling. After the simulation, I felt stupid because I am shocked that I had such a hard time with a dosage calculation problem to the point that I gave the patient the wrong dose and that made me feel really stupid.