

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.

[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.]

I noticed that my patient had developed new symptoms of shortness of breath with a SpO<sub>2</sub> of 87% on room air, she had crackles in her lungs, and her lower right leg was painful, red, and warm to touch. The patient was on day 2 of post-op of an ORIF of her left leg fracture. The patient has a history of A-fib and has not been on her coumadin since admission and at home the patient is non-compliant with her medications. In addition to not getting her coumadin, she has been refusing multiple other prophylaxis interventions that would prevent DVTs such as refusing to wear SCDs and refusing to get out of bed including physical therapy and to use the restroom because she has a fear of falling. My patient is at high risk for developing a DVT because of her recent surgery, immobility, history of A-fib, HTN, and hypercholesterolemia, non-compliance with medication regimen, and she is a current 2 pack a day smoker. With the patient's new onset of symptoms and all the risk factors for DVT, I interpret that my patient developed a DVT in her right lower leg

that traveled to her lungs resulting in a PE. I responded by immediately stabilizing my patient's oxygen saturation with 2 liters of oxygen via nasal cannula. I then contacted the provider with an update on the patient's condition. At that time, I received new orders for a D-dimer, BNP, Troponin, ABGs, and a Spiral CT. My response was appropriate for the situation. The first thing to do for the patient's safety is to maintain a stable airway. I did this by initiating the oxygen immediately when her SpO<sub>2</sub> was low. Since I was able to get her oxygen up, I could then phone the provider versus calling a Medical Emergency Team to assess the patient.

- 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.).

I collaborated with the provider for new orders when the patient was showing signs of DVT and had shortness of breath. I gave background information on the patient including name, age, post -op ORIF day 2, and pertinent health history. I stated the patient's SpO<sub>2</sub> on room air was low and had improved with oxygen, current vitals, lung sounds, and description of assessment findings of her right leg. The provider gave new orders for labs, imaging, and IM morphine stat and had asked me to be contact them again with test results. The medication nurse and I collaborated to waste the Morphine that was extra in the syringe. Once the test results were available, I then called the provider again to update them on the test results. Her D-dimer, BNP, and Troponin were all elevated, ABGs were abnormal, and the spiral CT results showed a Pulmonary Embolism in the right lower lobe. The medication nurse and I reviewed the ABG results together and determined the patient was in Respiratory Alkalosis without hypoxia. At this time the provider ordered Lovenox due to the blood clot.

- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.

When educating the patient, I stated that the doctor had ordered SCDs and PT, but the patient was refusing it. I educated the patient that SCDs would help keep blood circulating and that mobility going to the bathroom and with PT would help to. I used the phrase "you have been refusing that" to the patient. Pointing out to the patient that they have been refusing the provider's recommendations could make the patient feel like they are to blame for the complications that they are having. My intention was not to put blame on the patient, but it could have been misunderstood and interpreted that way. Rather than telling the patient "I know you've been refusing to do PT and wear the SCDs," I should have told the patient "The doctor has ordered SCDs and PT to help with the prevention of DVTs" and

then further discussed how they prevent DVTs. Although, the patient was refusing interventions that were ordered to prevent DVTs, the patient still had multiple risk factors for DVT development. If the patient had been compliant with the orders, it's still possible that the patient could have developed a DVT. Rather than possibly making the patient feel like it was their fault they developed a blood clot; it would be better to stick with facts during education instead of possible blame.

- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.

I am *concerned* that my patient, Sam Smith, has developed a blood clot in her right lower leg. I am *uncomfortable* that she is experiencing a new onset of shortness of breath and crackles in her lungs. I believe her *safety* is at risk if we don't intervene as soon as possible.

**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 that I performed was initiating 2 liters of oxygen immediately when the patient complained of shortness of breath and had a SpO<sub>2</sub> of 87% on room air. The intervention was effective as the patient's SpO<sub>2</sub> increased to 93%.

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

NURSING NOTE	
Date January 11, 2025	<p><b>Example:</b></p> <p>Patient complains of pain in the right foot rating it a 5 on a 1-10 scale that is achy and radiates to the lower calf. Patient reports heat and medication have helped relieve the pain. Ibuprofen administered as ordered for pain. Right foot elevated on a pillow and a K-pad placed over the area. Patient reminded to use call light if pain does not improve or worsens over time. Call light placed within reach. Will reevaluate in an hour to determine effectiveness of interventions.</p>

NURSING NOTE	
Date February 26, 2025	Pt complains of shortness of breath and lower right leg pain 8 out of 10. Vitals obtained with a SpO <sub>2</sub> of 87% on room air. Crackles heard in both lungs throughout anteriorly upon auscultation. Applied 2 L of O <sub>2</sub> by nasal cannula and SpO <sub>2</sub> increased to 93%. Right lower leg is red and warm to touch. Pt has good capillary refill and pulses to lower extremities. Provider notified of assessment findings and new STAT orders obtained for a D-dimer, BNP, Troponin, ABGs, and Spiral CT. Will continue to monitor pt for stable respiratory status while waiting for test results.

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?

Opportunities for improvement that I learned during simulation include to repeat orders back to the provider when taking phone orders, be mindful of patient interactions that words don't get twisted and misunderstood (referring to pointing out to the patient that they were refusing doctor orders), when providing patient education to use the teach back method to make sure they understand what you are educating them on, and I wasn't sure if I should elevate the patient's leg with a DVT or not. I wasn't sure if elevating a patient's leg with a suspected DVT would possibly cause the DVT to dislodge and travel. To improve on knowing whether to elevate a patient's leg in future clinical settings, I will utilize skyscape for reference and I could ask another nurse as a reference. During Simulation lab I could communicate with my classmates for assistance.

- 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:



I get very nervous about not knowing exactly what is going to happen and what I must do during simulation. I don't like being in the spotlight and people watching me because I am shy.

During:



I can be calm and focus on what I am doing when I am by myself. When I know people are watching me, I get nervous and try to finish quickly. Then I make more mistakes because I focus more on hurrying rather than on what I need to do correctly.

After:



I think I did very well on my simulation scenario and tasks. I prepared myself the best that I could, and I knew what I needed to do for the patient's safety. Knowing that the scenarios were over the musculoskeletal and respiratory systems along with the patient's diagnosis I had a gut feeling the patient was going to develop compartment syndrome and then a PE or fat embolism from the fracture. I focused on dos and don'ts for compartment syndrome such as not elevating the extremity and no ice because both would worsen the condition. I reviewed respiratory symptoms to watch for with a fat embolism or blood clot. Critical thinking on possible "what ifs" prior to the simulation lab helped me to remain calm and focus on what I knew I needed to do to succeed.