

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 patients right lower extremity was red and warm to the touch after she stated she was having 6/10 in her right leg following surgery. She had not ambulated following surgery and refused all anti-thrombotic treatment. This led me to believe she had developed a DVT. Not long after I examined her leg, she started complaining of a sharp sudden chest pain and shortness of breath. Her oxygen saturation dropped from 95% to 85% very quickly and she started to become tachycardic and tachypneic. Her heart rate increased to 130bpm, and respirations were 24. I immediately raised the head of the bed and started the patient on 2L of oxygen via nasal cannula and titrated it to keep her above 95%. After listening to her lung sounds, I noted wheezes throughout anteriorly and posteriorly. I notified the provider of the patient's symptoms, and the doctor ordered a D-dimer, BNP, ABG, Troponin, and a spiral CT to rule out a pulmonary embolism. The spiral CT showed a PE in the right upper lobe. The d-dimer level was 1.5 and the troponin level was 1.1. The ABG

showed a PH was 7.55, HCO₃- 24, Co₂- 19, O₂- 60, with this we determined that the patient was experiencing a PE and was in respiratory alkalosis. The patient was then started on enoxaparin 1.5mg/kg subcutaneously daily. For further intervention I would ask the provider about ordering breathing treatments and possibly more anticoagulant therapy to help dissolve the clot.

- 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.)

A few examples of collaborative communication I utilized withing the scenario was calling the lab to ask them to draw a D-dimer, BNP, ABG, Troponin on my patient. I also collaborated with CT to ask if they could obtain a spiral CT of my patient's chest to rule out a PE. I collaborated with the HCP to obtain orders for my patient and to relay new concerning information about my patient. I also informed my medication nurse of new orders I received, and we worked together to provide the best patient care.

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

Some communication I feel I could work on would be calling the provider. When I initially called the provider I said, "Hello I have Sam Smith in room 3402-1 and she is experiencing sudden sharp chest pain and shortness of breath I think she may be having a pulmonary embolism due to her not ambulating after surgery and refusing anti-thrombotic treatment." Since the doctor has so many patients, I feel I should give more SBAR, so they do not confuse my patient with someone else. To correct this statement, I would say "Hello I have Sam Smith in room 3402-1 she came in with a complete open oblique fracture of the left tibia and fibula and she recently have an ORIF. Her heart rate is 130, her blood pressure is 155/88, Respirations 24, and her O₂ dropped from 95% to 86% on room air. I put her on 2L nasal cannula to keep her above 95% I am concerned that she may be having a pulmonary embolism due to her sudden chest pain and shortness of breath. She is refusing to ambulate to the bathroom and is also refusing SCD's. I am uncomfortable with the status of her respiratory system and the safety of her health. Can we order a D-dimer, BNP, ABG, Troponin, and spiral CT of the chest to rule out a possible PE?"

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

One conflict I experienced was my patient's respiratory status declining after surgery. I am concerned that my patient may be having respiratory distress due to her sudden chest pain and shortness of breath. I am uncomfortable with the status of her

respiratory system. I believe my patients' safety is at risk and we need further intervention to keep her safe.

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?

I believe my interventions were effective. As soon as my patient started to experience respiratory distress, I placed the pulse oximeter on her, raised the head of the bed, and initiated oxygen therapy via nasal cannula to raise her O2 level. Her oxygen did raise back up after I provided these interventions therefore, I feel they were effective. In the future I could have called a MET to speed up the process of her getting the help she needs.

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

The screenshot shows a web interface for a nursing note. At the top, there are navigation tabs: Nursing (selected), Flow Sheets, Provider, Labs & Diagnostics, MAR, Collaborative Care, and Other. Below the tabs is a black header with the text "NURSING NOTE". The main content area is a table with two columns. The left column is labeled "Date" and contains the text "January 11, 2025". The right column is labeled "Example:" and contains a detailed narrative of a patient's pain and the interventions provided.

NURSING NOTE	
Date January 11, 2025	Example: 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.

The screenshot shows a web interface for a nursing note, identical to the one above. Below the tabs is a black header with the text "NURSING NOTE". The main content area is a table with two columns. The left column is labeled "Date" and is empty. The right column contains a detailed narrative of a patient's condition and the interventions provided.

NURSING NOTE	
Date	Upon entering the room of my patient who was here for a complete open oblique fracture of the left tibia and fibula she complained of right leg pain rating it a 6/10 on a 0-10 scale. After assessing the right leg, I noted redness increased warmth and swelling. Her pedal pulse were weak upon palpation. Patients pain was controlled with morphine. Shortly after I assessed her leg, she complained of sudden sharp chest pain and shortness of breath. Her O2 saturation dropped to 86% on room air. I raised the head of the bed, provided 2L of supplemented O2 via nasal cannula, and. continued to monitor her O2 saturation. Provider was notified of new symptoms and this nurse

recommended D-dimer, BNP, ABG, Troponin, and spiral CT of the chest to rule out a possible PE? See doctors order. Will re-evaluate pain level in an hour to determine effectiveness. Call light in reach, will continue to monitor. No further needs at this time.

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

One opportunity for improvement I need is better communication when talking with the doctor. To improve my communication, I will go over my sbar paper prior to calling the doctor and organize what I am going to tell them before I call. Another area I could improve upon is staying calm when the patient experiences SOB. I feel that I was running around trying to find oxygen tubing and forgot to listen to the lung sounds and once the patient started complaining of chest pain, I forgot to finish my vitals because I was concerned for her SOB. To improve on this I will prioritize my interventions and make sure do to a thorough focused respiratory assessment once my patient is stable.

- 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 I was very stressed out and nervous because I was scared, I was going to forget something and mess it all up. This picture was how I felt the night before trying to make sure I knew everything we needed to know before Sim.



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This is how I felt during Sim when my patient said she was having chest pain and her oxygen level dropped to 86%. I was a little stressed out trying to help her get her O2 levels up and make sure she could breathe.



This is how I felt after debriefing knowing that I got my patient stable and everyone in the group did good. I feel so much better about going I to the next simulation now knowing that it's not the end of the world If I miss one small thing.