

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

Name: Bri Dobias

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 was in severe pain after their ORIF surgery, which was localized to their RLE and chest when breathing. After listening to the patient's lung sounds, crackles were heard bilaterally throughout. The patient also stated, "I feel like something bad is going to happen to me," which also raised concerns. After examining the patient's lower extremities, pitting 2+ edema was noted, along with a dry and intact dressing on the LLE. The patient's vitals were Bp 132/80, HR 101, RR 16. It should be noted that the patient was previously refusing to ambulate due to a fear of falling and also refusing SCDs. Based on this assessment along with the patient's history of HTN, a-fib, and Hypercholesterolemia, I interpreted this to mean that the patient is likely experiencing a pulmonary embolism. I responded by elevating the HOB and applying 2L of O2 to decrease the work of breathing for the patient and immediately contacting the provider for additional orders. The provider then ordered various labs to be drawn, which showed respiratory alkalosis, and a spiral CT that confirmed the pulmonary embolism.

- 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.).
An example of collaborative communication I utilized within the scenario with my partner included working together to determine the results of the lab values drawn to conclude that the patient was experiencing respiratory alkalosis. Additionally, we discussed patient education that should be completed, such as smoking cessation, using the incentive spirometer, deep breathing, coughing, ambulating, and using SCDs. I also communicated with the provider to discuss my concerns with the patient experiencing a pulmonary embolism, which resulted in receiving additional orders that were also later communicated with the provider.
- 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 could use improvement would be confirming the labs ordered with the provider to ensure that I had them all correct. I could improve this communication by asking “Could you repeat those orders again?” followed up by reading the orders back to the provider to ensure that they are correct.
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.
One conflict I experienced during the simulation was the likelihood of a pulmonary embolism for my patient. I was concerned that Sam Smith was experiencing extreme pain in their RRE and with breathing. I was uncomfortable with their decreasing SPO2 status despite raising the HOB and applying oxygen along with their ordered pain medication not making much difference in their pain. I believed that Sam Smith was not safe due to their current respiratory status.

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?
One intervention I performed was raising the HOB and applying O2 to the patient to ease their work of breathing and raise their SPO2, which was ineffective. After assessing the patient’s lung sounds, crackles were heard bilaterally throughout so I encouraged coughing and deep breathing, which was also ineffective in raising the patient’s oxygen level. Due to these ineffective interventions, I contacted the provider, who then ordered lab values to be drawn, a spiral CT, Morphine, and an anticoagulant medication to help resolve the pulmonary embolism. After these interventions, I would closely monitor the patient’s vital signs, pain, lower extremities, and work of breathing to ensure their condition is not worsening. If the patient continued to decline, I would then consider calling a MET or contacting the provider again, based on my assessment at that time.

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

• • •

^

Nursing

Flow Sheets

Provider

Labs & Diagnostics

MAR

Collaborative Care

Other

NURSING NOTE

<p style="text-align: center;">Date</p> <p style="text-align: center;">January 11, 2025</p>	<p>Example:</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 the 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

Flow Sheets

Provider

Labs & Diagnostics

MAR

Collaborative Care

Other

NURSING NOTE

<p style="text-align: center;">Date</p> <p style="text-align: center;">January 27, 2025</p>	<p>Patient complains of pain in their RLE, rating it a 9 on a 0-10 scale. Patient also complained of chest pain when breathing that was rated a 9 on a scale of 0-10. The patient also stated, “I feel like something bad is going to happen to me”. The patient’s oxygen levels continuously declined as charted, and their work of breathing was increased. After listening to the patient’s lung sounds, crackles were heard bilaterally through the lungs. Assessment of the lower extremities revealed pitting 2+ edema in the RLE that was reddened and puffy and a dry and intact dressing on the LLE. HOB was elevated to a high Fowler’s position, and 2L of oxygen was applied. The patient was encouraged to take deep breaths and cough to clear any secretions. No secretions were expelled, and the patient’s respiratory status remained impaired. Pain medication was administered as ordered, and the patient reported 8/10 pain after administration. The provider was then contacted via phone call and was informed of my concerns with the patient’s respiratory status, to which the provider ordered labs to be drawn, a spiral CT, pain medication, and anticoagulant medication, as previously documented. Patient was educated on compliance and the importance of early ambulation after surgery and using SCDs after previous refusal due to a fear of falling. The patient was also educated on smoking cessation due to their extensive history of tobacco use and COPD diagnosis. Patient remains in high semi-fowler’s position, with call light within reach and instructed to report difficulty breathing, dizziness, or lightheadedness.</p>
---	---

--	--

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

Based on my performance, some steps I will take to improve my clinical practice in the future is to read back the provider's orders to ensure they are correct and avoid missing any of the provider's orders. Another thing I can do to improve my clinical practice in the future is to respond more quickly to the patient's suspected pulmonary embolism by contacting the provider more quickly. I plan to improve in this area by going over the signs and symptoms of a pulmonary embolism to be able to identify this issue more quickly in the future.

- 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: "nervous"

Before the simulation, I felt a little nervous because I was not exactly sure what to expect and if I would be able to respond correctly to the patient's condition.

During: "hmmm"

During the simulation, I felt a little unsure of what intervention to complete next, but once I got started, I felt much more confident and comfortable with the interventions I decided to implement.

After: "Duh."

After the simulation, I felt that I did a good job with the interventions I implemented but I had a little bit of a "duh" moment because I forgot to read back the provider's order to them to ensure I had all of the labs they ordered correct.