

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

**Reflection Journal Directions:**

**Name:** \_\_\_\_\_ Cora Meyer \_\_\_\_\_

**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 my patient needed cefazolin administered stat and morphine ordered now. She was experiencing 10/10 pain in her lower left leg after sustaining a fall from 5 ft. up. From the x-ray impression she had an open oblique fracture of her left tibia and fibula. Because of this the antibiotics as well as the pain medications were extremely important. I administered both to help improve her pain and to get started treating any possible infections caused from the open wound/ break of her tibia/fibula. When there is an open fracture the patient is more susceptible to infections in the bone. Infections in the bone are very dangerous and can lead to amputation of the extremity because of how quickly the infection can spread. My response was appropriate however, I administered the antibiotics first. This is correct but, with the patient being in extreme pain I should have administered this first to help provide some comfort to the patient. The more comfortable and faster I am with administering IV medications as well as using the IV pump, the faster I will be able to get those antibiotics started and then tend to the patients pain.

- 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 had collaborative communication with my partner as well as the provider. The provider called to follow up on the patient, see what interventions were in place, if the condition improved, and to notify she on her way to do informed consent and take the patient to surgery. My partner called the provider that the patient had possible compartment syndrome (my partner said “circulation issue”).
  
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
  - A way that my communication could have been better is that when I was doing medications, I was not fully paying attention to what my partner was doing. When I noticed I realized she was elevating and icing the patients limb, which for compartment syndrome is not an acceptable intervention. When I noticed this, I was on a “call” with the surgeon who was on his way to do the patients consent and transfer her to surgery. In a real life situation, I would not have noticed these interventions on the phone and would not have said to remove the pillow and ice while I was on the phone with the provider. I would have already been involved in and prevented this issue as well as been more professional on the phone. I also could have been nicer when I brought up this with my partner.
  
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.
  - I am concerned that the patient’s foot is cyanotic and pulseless. I’m uncomfortable that she is in extreme pain at 10/10. I believe she is not safe and needs the physician to assess her situation immediately.

**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?
  - The interventions I administered to the patient were medications. I administered an antibiotic (cefazolin), maintenance fluids, as well as morphine for pain. After finally being able to administer these medications, my partner assessed her pain and she reported not much of a change in her pain. She was asked about her pain very shortly after it was administered and needed more time to be more effective. For the future I will be faster in administering IV medications to be able to administer pain medications quicker. I needed to administer her antibiotic as soon as possible because her fracture was open and I was relearning to set up the IV pump as well as prime tubing for her fluids/ antibiotic. I

should have just given the pain medication first to control her pain and then set up her IV medications.

- 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 note about a patient's pain in the right foot.

| NURSING NOTE                |   |
|-----------------------------|---|
| Date<br>January 11,<br>2025 | <b>Example:</b><br><br>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 "NURSING NOTE" header is a table with two columns. The left column is labeled "Date" and is empty. The right column contains two paragraphs of narrative notes describing a patient's pain in the left lower leg and the subsequent surgical intervention.

| NURSING NOTE |   |
|--------------|---|
| Date         | <p>Patient complains of 10/10 pain in left lower leg. Leg cyanotic and pulses are not present. The student nurse elevated and applied ice to the extremity. 10/10 pain persists. Morphine 4mg administered IM for pain. Patient is reminded to use call light if pain persists without improvement. Call light within reach. Will reevaluate in 1 hour or PRN to determine effectiveness of interventions.</p> <p>Patient complains pain is only slightly reduced 9/10. Student nurse removes ice pack as well as pillows, to stop elevating the left lower leg. Patient taken to surgery at this time.</p> |

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

- I will hopefully never forget how to set up IV primary and secondary tubing after this sim. I learned so much about what I can do to improve my IV pump/ primary and secondary med administration skills. I also realized that yes I did make mistakes, but I knew where I made them. I just did not know how to fix them. For the future I know that I am capable and if I need help it's ok. I am not dumb, I'm just learning. I am thankful for this experience to try and set things up completely on my own, I will be practicing these skills on our open lab day to solidify my knowledge gained from this experience.
- I am also going to focus more on the things my partner is doing so that I can notice things to improve on as well as things that I can do to help my partners interventions be more effective. This will also help me when handling other patients in the future with more critical conditions. Being able to complete my tasks efficiently as well as being able to pay attention to everyone else is an important tool for me to 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:** I always feel like I am not prepared and will fail miserably because sim is for learning. No matter if I know it's a safe environment and that I can make mistakes because it will help me learn, I always stress and hate walking into sim.



- **During:** I was sort of reteaching myself how to use an IV pump because it has been so long since I had used them, I could not get the cover off the bottom hub, I forgot to hang the NS bag lower instead of the antibiotics bag, and my patient was in 10/10 pain and needed pain meds but I was trying to hurry up with the antibiotics but was struggling big time. My patient also had possible compartment syndrome, and my partner elevated and

iced her extremity making it worse. I was busy and didn't notice what was wrong until I finished administering the medications.



- **After:** After the sim I was able to relax and know that I learned somethings and feel more comfortable in my abilities to handle IV medications as well. The hard part was over and debriefing will help solidify what I learned to help me in the future. I also realized its basically spring break now and I can take a deep breath.