

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

Name: _____

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.

When looking through the chart, I noticed that there was blood work drawn and there were some areas of concern in the BUN and Creatine levels as they were both relatively high. These high levels indicated an acute kidney injury and that we need to make sure that we address this deficient to help with the healing process after surgery. I also noted that there was an anterior/posterior and lateral x-ray performed to get us a better understanding of the left leg injury. It was reported that there was an oblique fracture, which is an angled across the bone type of fracture that would have to be fixed by putting the bone back together with screws, pins, plates, rods, and wires. This procedure would be very intensive surgery, so it was going to be very important that we carefully monitor her throughout the procedure making sure that we have adequate fluid infusion going on in the body and the output coming out to help with the buildup of nitrogen in the blood system. Once I greeted the patient and asked her to explain what had happened for her to fall off the ladder, she said that she had missed her step on the ladder and fell backwards onto the cement. By asking questions as to what she knew to the point of incident give me in idea of loss of consciousness, alertness, orientation, and events leading to fall to rule out syncope episode. I also wanted to rule out dizziness, confusion, and orthostatic hypotension issues because one of the medications that she is to take causes these adverse side effects. I immediately did a quick set of vitals and did a focused assessment on the diagnosis given to me. With the mechanism of injury being a fall, I wanted to focus my assessment on the injured open fractured left leg in addition to looking at pelvic and abdominal area. As I was doing my assessment, I kept the medication nurse informed of what I was finding so

that she could determine how quickly she needed to act with getting pain medications started so that the patient could interact with me a little bit. I felt that if we were to address the pain issue quickly the patient would also be less anxiety and comfortable with the whole incident.

- 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, healthcare provider, surgery, PT/OT, radiology, etc.).

When I first focused on her leg for pulses, color, sensation, pain, and paralysis of the limb. Once doing my focused assessment, I noticed the blue color, pulseless, pain level of 10/10, edema, and paralysis of the foot, so I quickly tried to elevate and ice limb to see if there was any improvement in the circulation when I found that the patient's pain level and circulation did not improve I made the call to the healthcare provider and gave him the update on the patient. Once I gave the doctor an update on his patient, he decided that doing surgery immediately was indicated and made sure that we had medicated the patient with the antibiotic and pain medication ordered before his arrival.

Once I realized that my icing and elevation intervention was not helping, I needed to rule out compartment syndrome by lowering the leg and taking the previous ice pack away because I needed to help improve the circulation by giving more pain medication, removing constricting factors such as the ice pack, and have the limb in proper alignment with stabilization and continue to monitor and reassess the leg while the medication nurse had started medication orders. I continued doing a quick assessment of the abdomen area to make sure that no other injuries were being noted such as fractures to the pelvis or internal bleeding. Nothing farther was found on assessment of the abdomen area, and I redirected my focus back to the left leg injury, reassessing the limb periodically to make sure that there were no farther changes. A hand off report was given to the surgery team with an ETA of 5 minutes, so I prepared the patient for transport to the OR with surgery staff.

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

With the initial information provided from the previous nurse and diagnostic testing, I knew that I was going to be dealing with a trauma type scenario. The hand-off report that was given to me was lacking in many ways as I did not have any idea of current

vitals, intake assessment of the patient, allergies, interventions that have already been started, and what communication was already given from the doctor or even if the doctor was contacted. If I were given this information at hand off, I would know that this patient would be my priority because of the absence of circulation and pain level being experienced. Instead, I had to take time to look over the chart before even seeing the patient to make sure that I could get a better idea of what I was going to be getting into when I met the patient.

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

The hand-off report that was given to me by the off coming nurse was lacking in many ways as I did not have any idea of current vitals, intake assessment of the patient, allergies, interventions that have already been started, and what communication was already given from the doctor or even if the doctor was contacted. The nurse did not seem to care about what information she gave me and when asked about certain lacking information, she told me to just figure it out. If I were given this information at hand off, I would know that this patient would be my priority because of the absence of circulation and pain level being experienced. Instead, I had to take time to look over the chart before even seeing the patient to make sure that I could get a better idea of what I was going to be getting into when I met the patient. The time I spent looking at the chart turned out to be a critical situation for the patient as she was lacking circulation in her left leg at the injury site.

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?

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

The screenshot shows a software interface for writing nursing notes. 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 first column is labeled "Date" and contains the text "January 11, 2025". The second column is labeled "Example:" and contains a detailed narrative note about a patient's pain in the right foot.

NURSING NOTE	
Date January 11, 2025	<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 pain does not improve or worsens over time. Call light placed within reach. Will reevaluate in an hour to determine effectiveness of interventions.</p>

The screenshot shows the same software interface as above. The "NURSING NOTE" header is present. The table below has two columns. The first column is labeled "Date" and contains the text "February 26, 2025". The second column contains a detailed narrative note about a patient who fell off a ladder.

NURSING NOTE	
Date February 26, 2025	<p>When asking the patient how she fell off the ladder, she stated that she had lost her footing when coming down the ladder. Patient does not claim loss of consciousness, dizziness, or lightheadedness when patient fell. Patient is alert and oriented x4. Morphine and antibiotics started upon arrival at the unit. A quick assessment of the left lower leg was performed and found the foot to be pallor, pulseless, pain level of 10/10, edema, and paralysis, so a quick intervention of elevate and icing was performed and a phone call to Dr. Dunbar was made. I updated Dr. Dunbar on my assessment of the patient and was told to have patient ready for immediate transfer to OR upon surgery teams'</p>

arrival. A hand-off report was given to the lead RN for surgery and asked if there were any farther orders. No further orders were given.

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

A couple of things that I wish I could have improved were identifying the signs and symptoms of compartment syndrome a little bit quicker because quick intervention would mean the difference between keeping the leg or losing the leg to amputation because of poor tissue perfusion. When on the phone with the doctor or even while the patient was down in the ER, I felt that an EKG should have been ordered due to the patient's past medical history of atrial fibrillation and hypertension. We want to be sure that the patient is physically capable of handling a surgical procedure such as ORIF. There were also missing lab results for the magnesium and CO2 blood levels. The magnesium blood test would tell us if the patient was suffering from a kidney disease or heart problem. With the excessive pain in her leg, a magnesium imbalance could also be contributing to the pain symptom by means of muscle cramping, but most importantly, the lack of magnesium could play a vital role in her muscle and nerve function and bone health when recovering.

The CO2 level that was missing is a critical part of information, it lets us know how well the body is metabolizing the waste products of the body. If the CO2 level is high, it could tell us a couple of things such as if she was suffering from COPD, kidney disease, or a metabolic disorder and with the increase respiratory rate we would be able to rule out exacerbation of her COPD.

- 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?

Defeated: I feel as if I should have noticed more key clues leading to the patient's condition of compartment syndrome. I noticed that the patient's leg was not properly immobilized and was trying different approaches to improve the situation and when that did not help, I was lost as to what to do next. I should have called the doctor or charge nurse soon and asked for help. But I know that I will take this experience and build more on it as my clinical experience continues.