

Reflection Journal Directions:

Name: ____Lexi Bores____

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 started to feel short of breath very suddenly and started to complain of chest pain. With this finding, we immediately raised the head of the bed to high fowlers. Their oxygen saturation quickly dropped down to 82% in which we then quickly listened to their lung sounds. On auscultation of their lungs, they had adventitious lung sounds. With all this assessment data we gathered we quickly decided to put oxygen on our patient via nasal cannula at 3L. As the oxygen saturation was starting to rise to 93%, we found that the patient was safe enough to then step out and call the provider. Upon calling the provider, we were concerned by the symptoms of the patient that they were experiencing a pulmonary embolism or PE. We suggest this specific complication from immobility after surgery, non-compliance with medications, and non-compliance with wearing SCDs on the unaffected (right) leg. When we called the provided, they ordered a D-dimer, Troponin, ABGs, BNP, CBC, and chest CT. The provider also ordered to give the order for Morphine 4mg IM ONCE in which I

performed. This medication is an opioid analgesic which could help with the chest pain. Also, this medication can cause respiratory depression in this condition it may decrease symptoms of the complication. The D-dimer was 1.5 and the ABG showed a pH of 7.55, PaO₂ of 60, PaCO₂ of 19, and a HCO₃ of 24. A D-dimer of 1.5 is considered elevated and strongly suggest a blood clot. The ABGs were interpreted as respiratory alkalosis with severe hypoxia and no compensation for the condition. The chest CT was positive for a pulmonary embolism or PE. After all of these were performed and recorded, we phoned the provider in which they put in orders for enoxaparin 1.5 mg/kg SUBQ NOW and then daily. I administered 0.9 mL of this medication based on dosage calculations. This medication is an anticoagulant in which it won't break up the PE, but it will prevent it from getting worse and others forming. After the patient was stable, we provided education on incentive spirometry, purpose for wearing SCDs, and reason for early ambulation after surgery to prevent these complications.

- 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 felt that my student nurse partner and I worked well as a team. We were both on the same page when the patient's condition started to decline. I was the medication nurse but when their condition was declining, we were both in assessment mode in which we both watched the oxygen saturation levels, listened to the lung sounds and to the patients concerns. With this we both decided to put on oxygen and phone the provider for the possible PE. One of us stayed with the patient and kept asking the patient of improvement of their SOB and chest pain. Overall, I feel that we worked well as a team and were both on the same page during the simulation experience.

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

In my communication I would speak up more. I feel that my student nurse and I are quieter individuals and could speak up more and be more confident in our skills. During the phone call with the provider, my partner was on the phone, and I noticed that the provider did not give the route in which to administer the enoxaparin. I was too nervous in the moment to interrupt but it would have taken less time in this situation and kept us from having to phone the provider again right after. If I was in this situation again, I noticed that I could have just quietly asked my partner to ask the provider or even wrote in on the paper for her to read so she did not have to call back.

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

During the simulation, the patient was having a suspected complication of a PE. With this my partner and I had to phone the provider. I was concerned that Ms. Smith’s respiratory condition was declining quickly. I was uncomfortable that she was having such low oxygen saturation levels along with chest pain. I believe that she is not safe and is have a serious complication from her surgery.

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 I performed in the beginning of the scenario was administering oxygen. I administered oxygen because the patient’s oxygen saturation dropped to 82% and they were SOB and having chest pain. I administered oxygen via nasal cannula on 3L. I feel that this intervention was effective. I found that it was effective because the patients oxygen saturation increased to 93% over a couple minutes. In the future, I feel that I could be more oriented to the supply room to find the supplies quicker.

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

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>

NURSING NOTE

Date February 26, 2025	Patient complains of shortness of breath and chest pain. Oxygen saturation dropped to 82% while on RA. Patient reports decreased shortness of breath with application of oxygen via NS on 3L. Patients oxygen saturation increased to 93% on oxygen via NS on 3L. Morphine administered as ordered for chest pain and to improve breathing effort. Enoxaparin administered as ordered for pulmonary embolism. Patient reports decreased chest pain and decreased SOB. Patient educated on incentive spirometry, early ambulation, and compliance with SCDs. Patient reminded to use the call light if SOB or chest pain increases. Call light placed within reach. Will reassess the patient in 30 minutes to evaluate medication effectiveness.
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- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?

In the future, I will be more confident with my clinical judgement and clinical skills. I feel that in situations when the patient's condition declines quickly, I can get very nervous and frantic. In order to improve on this in the future, I will take any opportunity in clinical to perform new skills even if I am nervous. Also, I will speak up more and ask questions whenever I have them to gain more knowledge and work on my communication skills. Lastly, I will not be afraid to ask an instructor for help or more knowledge in lecture or clinical. I cannot be afraid to ask questions because we are still only in our second semester of nurse school and will never know everything because we are only human.

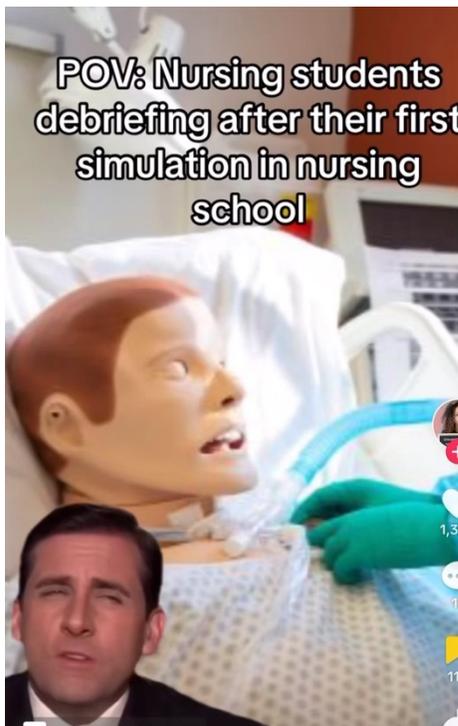
- Use a meme or a word to describe how you felt before, during, and after the simulation scenario (one meme or word for each phase). Why did you choose these pictures or words?



I choose this picture because I was very nervous going into simulation just wondering what was going to happen.



I choose this picture because I felt like I was just going through motions but not fully thinking during simulation. I was still nervous and felt like I didn't know what to do next.



POV: Nursing students debriefing after their first simulation in nursing school (Double click and hit play)

I choose this because I feel that I knew what to do in this situation before going into the room but then during the situation I could not think clearly because I was nervous. This situation has never actually happened in clinical so taking words from the book of what to do and then the actual situation is different.