

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

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 patient was in pain 9/10 in the right lower extremity. They were post operation ORIF to repair an open complete oblique fracture of the tibia and fibula in the left leg. The patient was refusing to participate in ambulating and refusing the SCD on the right leg. In the patient's history it is stated that at home the patient is noncompliant with some of their medications. This goes hand in hand with being noncompliant when participating in ambulating, wearing SCD's, having a healthy lifestyle and other interventions and practices that would improve their overall health. I administered oxycodone and morphine that was ordered by the health care provider. While the patient did have some complications pre operation and post operation. I was hoping that the patient's pain would improve enough so they would be able to participate in education and participate in their health. The pain could have been the factor that was preventing the patient from participating in ambulation and the SCD pump. However, I then noticed that the pain the patient was experiencing was in contribution to the patient's

complication of a PE. The signs and symptoms being rapid heart rate, redness, 2+ pitting edema, feeling of doom, pain in right leg, anxiety, and effected breathing pattern. I ensured to administer the morphine and oxycodone as ordered timely. The health care provider then ordered labs and Enoxaparin (Lovenox). The labs included a D-dimer, ABG's, BMP, and troponin. A CT was also ordered, and all these labs supported possible pulmonary embolism and respiratory alkalosis. I ensured to administer Lovenox in a timely manner as this would aid in the treatment of the clot, prevention of further clots, and prevention of further complications. I feel as if I responded appropriately when ensuring that the medication was provided in a timely manner. As well as having the provider repeat all verbal orders twice to ensure confirmation. However, when responding in time sensitive situations I need to ensure that I am administering everything correctly. Because I was trying to act timely, I made some mistakes. This could have been prevented if I were to take a little time to gather my thoughts and confirm every step that I am taking.

- 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.).

Collaborative care that was utilized within this simulation was with the healthcare provider. When communicating with the healthcare provider it was over the phone. We communicated our concern of possible complications occurring with our patient along with assessment pieces including signs and symptoms, subjective data, and objective data. The healthcare provider then communicated labs, diagnostics, and medication that needed to be ordered and administered for our patient. When receiving orders from the healthcare provider, I ensured to repeat back what they said and had them repeat the orders and information twice. When receiving this information over the phone I also ensured to write it down. All of this ensured that no information was misinterpreted, missed, or incorrect to ensure the patient's safety.

- 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 was when I was communicating with the other student nurse. The other student nurse that was doing the assessment had come up to me to ask what else she could do with the patient. At this point in the simulation the healthcare provider had been called and verbally ordered Enoxaparin to be administered to the patient because of the PE. I was preparing the medication when the other student nurse came up to me and asked what else they could do with the patient. I was trying to respond timely when getting the medication prepared and administered. I responded by telling her that she could use this time to educate the patient and implement other interventions like SCD's. When I responded I was in the middle of preparing the injection, getting the correct needle and medication. I was distracted and when she asked, I was short and fast with my response. This may have come across as I was

putting her question off and didn't respect her or want to help. I would change my response by stopping what I was doing and taking the time to help with what she needed. Responding in a more respectful way with full sentences and suggestions. I let the simulation and task that I was completing take over my thoughts. Next time I plan to slow down and take the time to think when completing tasks and responding.

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

One conflict I experienced during this simulation was when I received the first hand off report from the night shift nurse. The night shift nurse explained that they just wanted to go home and did not want to communicate any part of the report. They used unprofessional language, attitude, and gestures when communicating. When we tried to ask questions about the patient, they dismissed us and rudely told us that any information we wanted we could get from the patient and the chart. I was concerned that there was essential information regarding our patient that we may not of been able to find in the chart or get from the patient. Depending on the situation, we may not have time to look at the patient's full chart before we got to them, and we don't know if the patient was able to communicate the information needed. I was uncomfortable with how they handled hand off report. The way that they talked to us and talked about the patient and their well-being made me uncomfortable. The patient's safety was compromised by the night shift nurse refusing to communicate the hand off report information. Essential information that they refused to provide us with could have compromised the patients' care. An example of this would be the patients' code status, allergies, relevant history, etc. If there was a situation that needed immediate attention and we had not had time to go through the patients' chart completely or communicate with the patient, we wouldn't have known some of this essential information that could affect the patient's outcome.

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 that I performed was administering medication as ordered. The patient had Oxycodone (percicet) ordered for pain. The patient reported 9/10 pain when assessed, based off the order they received two 5mg tablets of Oxycodone PO. The provider then verbally ordered Morphine 4mg (2mL) IM NOW for the patient's pain. Once I administered these medications pain was to be reassessed in an hour. Based off objective data the patients' pain seemed to be relieved. They were able to communicate with longer sentences without changing tone, grimacing, or focusing on their previous pain sites. If my intervention was ineffective, I was first resort to other interventions to decrease the patient's pain. Some therapeutic interventions that could be used for this patient could've been music, relaxation techniques, deep breathing,

diaphragmatic breathing, imagery, etc. These therapeutic interventions could further reduce the patient's pain. If the therapeutic interventions were ineffective, I would then report to the healthcare provider. If the patient's pain was still a high rating and unrelieved by two different pain medications and other interventions the healthcare provider would need to be notified.

- 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 27, 2025	<p>Patient complains of pain in the right lower leg with a rating of 9/10. Patient described the pain as extreme and pressured. Dorsalis pedis and posterior tibial pulses were absent. Patient also reported pain in the chest and stated, "I feel like something bad is going to happen to me". Oxycodone was administered as ordered for a pain rating of 9/10. Provider was called by assessment nurse based off patients assessment data. Provider verbally ordered Morphine 4mg (2mL) intramuscular NOW for the patients unrelieved pain. Order was asked to be repeated twice to prevent miscommunication. Patient's pain will be reevaluated in an hour to determine effectiveness. IR</p>

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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?

I could improve on preparing medication injections. Specifically, medications that come in syringes that are prefilled and need to be wasted based off the providers' orders. Once step that I am taking to improve this for future practice is signing up for subcutaneous and intramuscular injections for the open lab coming up. While I know how to prepare and administer these injections it will provide me with more practice to build on the skill. I feel that even if we know something from learning it, practice is needed for situations to prevent mistakes.

- 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 felt confident because I spent a lot of time reviewing all off the materials provided and more. During the simulation I felt scattered because I could not think clearly and slow myself down once certain situations in the simulation threw me off. After the simulation I felt disappointed in myself because I felt I could have performed better knowing how much I was prepared and based off how I usually perform in clinical and at the hospital.