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.]

  When assessing my patient, I noticed that she had severe pain in her left lower leg and foot. Blood pressure was elevated at 156/77, pulse was 98, and Sp02 stayed around 97%. Respirations were high, around 22. I gathered that there was a potential that the pain was causing her blood pressure to be on the higher end, as well as causing those fast respirations. She rated her pain a 10 on a scale from 0-10. I found the left leg to be cool, pulseless, cyanotic, numb and tingly, and the patient was unable to move her toes. I interpreted this to mean there was potential compartment syndrome at play, and I responded by phoning the provider immediately. I also de-elevated the patient's leg and loosened the dressing present. After these interventions did not help, I reinforced the provider, and was given instructions to give the pre-surgical medications, and that a possible fasciotomy would be preformed STAT. I feel as if my response was appropriate, as compartment syndrome is an emergency, so phoning the provider immediately was very important.

- 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 occurred in a few instances. The first instance was when I had to phone the provider, and I performed an SBAR to update them on who my patient was, why they were there, and what is currently happening. I also was collaborative with my student nurse partner, the provider had ordered the pre-surgical medications be started STAT, due to the push up in surgery. I was able to communicate what needed to be done, as well as help them get started. I was also able to talk to surgery and make sure pre-operative interventions were completed, such as in the situation of a code, what would the patient prefer.

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

One area of my communication that could use improvement was my communication with my patient on what was currently happening. The patient kept asking me what was wrong with their leg, or what was going to happen, and I felt unsure of how to answer. Of course I had an idea, but no doctor had been in to see the patient yet or to confirm what I was thinking was happening. I did not want to mislead my patient or cause unwarranted anxiety. I wish I had sounded more confident in my answer. I responded with, "I'm not quite sure what is happening, you are having some complications, and I am going to call the provider." I would have reworded this by saying, "I understand you are having some pain in this leg, and I am going to call the provider to see what we can do to resolve this pain for you." This way, the patient is still aware of what is happening, but I sound more confident, and I do not tell my patient "I'm not quite sure". By responding like this, I should avoid causing my patient added anxiety.

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

One conflict that I experienced during this simulation was the nurse that gave me hand-off report. The nurse seemed frustrated, and repeated multiple times she did not care when asking about the patient's condition or previous facts. For the future, the CUS statement I would say would be:

I am concerned with my patient's status as I am unknowledgeable and am preparing to care for this patient. I am uncomfortable that you do not have much knowledge, as she was under your

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care. This is a safety issue as we do not know what interventions may need to be done, due to the lack of knowledge of the patient's condition and wishes.

I would repeat this statement twice, and if this issue does not become resolved, I would notify a person of higher position.

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 intervention I performed was de-elevating the patient's leg, as well as loosening the dressing to promote circulation. These interventions did not seem to help as much as I had expected, and her pain still remained high. Since this wasn't effective, I phoned the provider immediately. This intervention did help, as she was able to get into surgery sooner. In the future, I would try to remove the patient's sock as well, as I was too nervous to cause the patient pain. This could have promoted better circulation to that extremity sooner.

- 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

Date January 11, 2025	**Example:** 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.

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NURSING NOTE	
Date February 29, 2025	Patient complained of leg lower leg and foot pain and rated the pain on a scale 0-10 as a 10. Patient said the pain did not radiate anywhere besides where the pain was located, and said it was a sharp pain. Patient stated that it felt like there was a lot of pressure on her leg. Morphine was given to help with pain, as well as de-elevating the leg. The dressing placed on the affected leg was loosened as well. The provider was informed, and the pre-surgical medications were started. Interventions did not seem to relieve pain, the ORIF surgery is now STAT.

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

  One area of improvement for me was finishing my assessment. When I tried to do a full skin and cardiovascular assessment on the patient's foot, I stopped because they said it hurt. Although it may have hurt the patient, I should have continued with my assessment to be able to notice potential problems. In a clinical scenario, this also applies. I could easily miss something important because I didn't want to cause the patient to be uncomfortable. I can work on this by assuring them it will be okay, and that I have a purpose for doing so.

- 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:

  This was me before the sim scenario because I was terrified, and I had no idea what would happen. I was super anxious and was unsure how the sim would go. I was definitely relating to this picture beforehand.

  During:

 I chose this picture because I feel like it perfectly represents me in a stressful scenario. I felt like after I de-elevated my patient's leg, gave them pain meds, and loosened the dressing, it still did not help the patient to feel better. It was a very "Welp, what do I do now?" feeling, and this perfectly embodies it. When you're learning about interventions, sometimes you think they will fix it all just because you performed them. In real life, it usually doesn't work like that. I think this picture is me every time that happens.

After:

This picture represents me after simulation because I did a lot better than I anticipated. I was able to do the correct interventions, as well as doing patient communication somewhat efficiently. I felt a lot more confident in myself after the sim experience.