

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.
 - I noticed my patient had pain 4/10, and nausea, with stable vital signs. I continued with my assessment waiting for medications from the medication nurse. The patient vomited coffee ground emesis, and her vitals decreased systolic BP in the 90s, HR at 110, and Spo2 at 94% on room air. I called the attending for more orders after this had taken place. I got orders for an NG tube at low intermittent suction, NS IV fluids running at 125mL/hr, and to consult GI. After placing the NG and confirming placement I turned suction on. The medication nurse pushed half of the morphine and then noticed the low blood pressure, she then held the other half of the dose. After communicating with her she then started working on the fluids. She waited till after she was done with the fluids to give her the dose of Phenergan and the rest of the morphine, once the BP was returned to more baseline. I consulted GI after the NG was placed and suction was initiated and was told the patient will be on the schedule the next day for an EGD. I interpreted this along with the patient's GI history, use of aspirin, black and tarry stools for 2 days, h&h being low along with her ptt and inr being longer that this patient had only a matter of time before she was going to start to be more symptomatic with the blood loss. I responded by trying to keep an eye on her pain, blood pressure, and if anymore bloody stools/ emesis was occurring. I feel my response was appropriate, however I would have responded sooner to the patient's need for medications and fluids, with the patient being in pain and nauseous the medications were needed sooner. With these interventions being done sooner the patient would have gotten the NG sooner too and things would have improved sooner.

- 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 consulted with two physicians, radiology, my other student nurse, as well as the observers. The physicians I consulted with were the attending physician for more orders, and the GI doc for more orders as well as a more accurate plan of care for the patient. I consulted with radiology for a chest x-ray to confirm placement of the NG tube I placed.
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
 - After my first call with the attending, I learned that I had made a mistake, I was not prepared for the phone call at all. There really wasn't something specific I said that I would reword. Honestly, I would have done the whole conversation differently. At first, I did not follow SBAR at all, I got a little confused with the instructor's commentary and it threw off my groove. I learned my lesson after that and will prepare for and take my time when communicating with physicians in the future.
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.
 - A conflict I experienced was the patient's blood pressure and spO2 decreased, heart rate increased, and the patient was vomiting coffee ground emesis. The patient also was pale and cool to the touch. Her h&h were also low and clotting factors were high.
 - I am concerned that the patient is symptomatic with her blood loss. I am uncomfortable with her continuing without more interventions. This is a safety issue because she could go into hypovolemic shock.

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 major intervention I performed was placing an NG tube after the patient vomited coffee ground emesis. I assessed the patients' gastric contents that were in the canister, her nausea level, pain, and vitals. The intervention was effective in improving the patients' nausea slightly, however the patient needed medications to help improve her pain and her nausea more. For the future, initiating medications sooner and then placing the NG tube would help improve the patient's pain level and nausea, making the placement of the tube more tolerable.
- 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

<p>Date</p> <p>January 11, 2025</p>	<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>
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NURSING NOTE

<p>Date</p>	<p>Patient complaints of pain generalized in stomach rating it at a 4/10. Pain medications were held for patient's systolic blood pressure below 100. IV fluids were initiated and once patients blood pressure returned to baseline (systolic above 100) IV morphine was given. Patients pain was rated at a 7/10 at this time.</p> <p>Pain reassessed. Patient rated pain 2/10. With improved nausea.</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?
 - For the future I will slow down and relax. I made 2 mistakes, and I knew immediately what I did wrong. I did not prepare myself to call the physician on the phone. For the future I will better prepare/ organize myself in communicating my patient's condition and use the SBAR tool to do this more efficiently. I will also slow down and take my time when initiating NG's, when placing it I forgot to measure my patient. This is something I remembered after I placed the tube in a few inches. In the future, for a real person I will not make this mistake again. In this setting, I was focused on so many things and

remembering what I was forgetting that I made this mistake. In a real scenario with other nurses around me, I will have the capability to ask questions as well as take my time in remembering the items I need. This will help me in placing the tube correctly.

- 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 chose this because I always walk into sim feeling so prepared and confident after studying and going over the objectives.



After messing up with my SBAR/ call and the “physician” raising her voice and being rude to me. I was feeling so defeated.



The feeling of being done with sim and the stress is now over, but debriefing is next. Thank goodness I learned something, but the process always makes you stressed.