

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

Name: _____ Isabella Riedy _____

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.]

- My patient verbalized that she was feeling lightheaded, nauseous, and dizzy. When assessing her further I noticed that her skin was cool and clammy when in report I was told that her skin previously was warm but pale, and her heartrate was slightly elevated. I knew that she had a history of type 2 diabetes, is currently NPO, has GI bleed, and had been vomiting consistently for the past 2 days. Her sugar was not being checked routinely so when she explained her feeling of lightheadedness, I ensured to further assess her, I was concerned about possible hyperglycemia or hypoglycemia. I knew based on her current situation that both hyperglycemia or hypoglycemia could occur. At first when she only expressed lightheadedness I wanted to further assess and ask more questions to get the full picture. While I knew lightheadedness was a symptom of hypoglycemia. She was also complaining of nausea which is a symptom of both hyper and hypoglycemia and then slight abdominal pain which can be directed towards hyperglycemia. While I was thinking her nausea and abdominal pain was due the GI bleeding complications she was

experiencing I still wanted to further assess. I asked if she had any vision changes, headache, excess sweating, moisture and texture of the skin, any numbness, weakness, or worsening anxiety. I asked the patient these questions to determine what was going on. Overall, from the assessment she had been NPO, vomiting, had cool and clammy skin, was lightheaded and dizzy, and had a slightly elevated heartrate. She had also expressed her anxiety and depressive feelings because of her current living and financial situation. After putting all the pieces together, I was thinking that her sugar was low and decided to get a glucometer to check. I checked her glucose level, and it was 70. I knew the normal glucose level should be 70-100. 70 is on the lower side and the possibility of her sugar continuing to drop was high because she was still NPO, had NG tube to suction, and was symptomatic. I called the healthcare provider to make him aware of the situation and he expressed his frustration of not knowing the patient's full history and said that they should be on Dextrose 5% in NS. The healthcare provider put in a new order for Dextrose 5% in NS at 125 mL/hr through her IV and q6h blood sugar check. I collaborated with the medication nurse, communicating my assessment data and the healthcare providers orders and concerns. We then worked together to switch out the patient's fluids and I continued to assess and communicate with the patient. Once the new bag of fluid was hooked up and running, I waited a little longer and then wanted to recheck the sugar to ensure that the medication was effective. We checked her blood sugar again after initiating the Dextrose 5% NS and it was 80. I feel as if my response to the situation was appropriate. I did not want to assume anything so once the patient expressed their symptoms, I made sure to further my assessment and get the full picture as to what was happening. I checked their blood sugar level based on the assessment symptoms. I called the healthcare provider once I knew that her sugar was low and could continue dropping. And I then collaborated with the medication nurse to provide the appropriate patient care and education.

- 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.).
 - Collaborative care that was utilized within this simulation was with the medication nurse. Once I finished assessing the patient and I had concerns about their well-being, I communicated with the medication nurse that I was going to check their blood sugar level. Once I received the result which was on the lower side (70) I ensured to go back and let the medication nurse know. We called the healthcare provider and ended up getting a new order for Dextrose 5% NS at 125 mL/hr intravenously. We collaborated when caring for the patient. Using communication and combining our skills when setting up the fluids and continuously monitoring/assessing the patient. At the same time, we both decided that we should recheck the patients' blood sugar level to see if the medication was effective. We both then collaborated and provided the patient with

education about medication, lifestyle changes, and resources that they could utilize to better their health.

- 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 called the healthcare provider. I was nervous when communicating with them over the phone and did not provide all the essential information regarding the patient. I also did not provide the information in an organized manner; it was scattered all over the place. I provided the patients abnormal assessment data and vital signs. Along with the patient's history and current situation. Next time, I will ensure to write down all my assessment data and a recent set of vital signs in the correct order. Along with having my SBAR paper in front of me with the essential information written down and ready. When calling the healthcare provider in the future I will be sure to go in SBAR order and not leave out any part of the patient's history, situation, or assessment details. What I told the healthcare provider was "Hi, this is Isabella, and I am taking care of Roberta Melena age 65-year-old female here with a GI bleed. I am calling because she expressed the feeling of lightheadedness and nausea, she has cool and clammy skin. Vital signs are stable, but I checked her blood sugar, and it was 70. She has a history of type 2 diabetes, peptic ulcers, and GERD. I was hoping to get an update on orders". I left out some assessment data along with part of her history. My communication as stated above was not organized. If I were to reword this statement I would say "Hi this is Isabella calling, I am Roberta Melena's nurse today. She is in room 3002 age 65-year-old female here with a GI bleed. She has been continually vomiting and voiding black and tarry stools of the past two days. She currently is connected to an NG tube with low suction. She has a history of type 2 diabetes, peptic ulcer disease, diverticulitis, GERD, migraine headaches, and recently quit smoking 2 packs a day which had lasted 22 years. She is currently experiencing lightheadedness, dizziness, nausea, has cool and clammy skin, and a slightly elevated heart rate. I checked her blood sugar level, and it was 70. I wanted to update you on the patient's current situation and get a new set of orders.
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.
 - A conflict I experienced during this simulation was when communicating with the healthcare provider. When the healthcare provider responded to me, his voice sounded very frustrated, he responded in a short and direct manner, used unprofessional wording and communication, his tone of voice was a loud yelling manner, and was somewhat dismissive. I knew I had not communicated the information to him perfectly and called twice when I should've called a different department, I made sure to stay respectful.

Ensuring not to let how they were talking to me affect the way I would respond. I was respectful and said thank you and communicated how I would not matter the response I got. At one point I apologized for calling for a second time because he was upset that I was bothering him about an update on the patient. I respectfully just said that I was concerned about the patient's initial assessment and was uncomfortable regarding their blood sugar being on the lower side. Overall, I thought that the patient's safety was at risk and once the new orders were initiated and we determined the medication was effective I thought that we should update the provider, so they were aware that the situation did not escalate.

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 was checking my patients blood sugar level with the glucometer. I decided to perform this intervention based off my objective and subjective assessment data that I collected. The patient's signs and symptoms during my assessment that led me to check their blood sugar included: lightheadedness, cool and clammy skin, nausea, and a slightly increased heart rate. The intervention was effective because once I checked the patient's sugar it was on the lower side with the patient being symptomatic and there was the risk of it lowering even further. This led me to call the healthcare provider and obtain the appropriate orders for the patient. If this intervention turned out to be ineffective and the patient's sugar was normal, I would further assess the patient for other possible complications.
- Write a detailed narrative nurse's note based on your role in the scenario.

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="display: flex; gap: 10px;"> • • • </div> <div style="text-align: right; font-size: 20px; color: blue;"> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="background-color: #2c3e50; color: white; padding: 5px 10px; border-radius: 5px;">Nursing</div> <div style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px;">Flow Sheets</div> <div style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px;">Provider</div> <div style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px;">Labs & Diagnostics</div> <div style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px;">MAR</div> <div style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px;">Collaborative Care</div> <div style="border: 1px solid #ccc; padding: 5px 10px; border-radius: 5px;">Other</div> </div>	
NURSING NOTE	
<p style="text-align: center;">Date</p> <p style="text-align: center;">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>

NURSING NOTE	
<p>Date</p> <p>April 9, 2025</p>	<p>Patient stated that they were feeling lightheaded and nauseous when completing their initial assessment. Their heart rate was slightly elevated, consistently at 100. Skin was cool and clammy. They denied any headache, numbness, sweating, weakness, or any vision changes. Blood sugar level was checked with a glucometer with a result of 70. Patient was not on consistent blood glucose monitoring at that time. Healthcare provider was called regarding the patients assessment findings and the low blood sugar level. Dextrose 5% NS was ordered by the provider at 125 mL/hr intravenously along with the order to follow the hypoglycemic protocol. The previous fluids of NS at 125 mL/hr were to be stopped and discontinued. Blood glucose monitoring was ordered q6h. The Dextrose 5% NS was initiated, and the patients' blood sugar was rechecked with a result of 80.</p>

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?
 - An opportunity for improvement during this simulation was performing my patient's initial assessment. When performing my patients assessment I was scattered and performed assessments in not my typical order. Only asking two orientation questions, only asking two pain assessment questions, and didn't perform their focused assessment in an organized manner. They had a NG tube in place on low suction, I made sure to check the placement on the nose and checked to see if it was connected to suction appropriately. However, I did not check the gastric residual to confirm placement. When the patient had stated that they were nauseous, and I knew they were in for a GI bleed I decided to perform a quick gastrointestinal assessment regarding the abdomen. I inspected, auscultation, and palpated. However, I did not ask how the abdomen felt when palpating. I also felt off track because in the back of my head I knew the second scenario was focused on the endocrine diabetic portion. I let this affect my assessment performance and distract me. While I was able to ask further questions regarding the patient's situation and identify the abnormal assessment data regarding their lightheadedness and data. I could improve my efficiency when recognizing the situation

and completing the assessment. For the future I should be able to recognize that since the patient had been NPO, was connected to suction via NG tube, was previously vomiting continuously, and was not on routine blood sugar checks that just their symptom of lightheadedness and cool/clammy skin should drive me to think of hypoglycemia right away and to grab the glucometer immediately. Steps I will take to improve this is to continue learning from the simulation and clinical experiences, study the lecture notes and textbook, along with taking time at home to study NCLEX questions and Vsim scenarios. Especially during semester breaks to continue reviewing previously learned content.

- 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 nervous. I made sure to prepare and study for the simulation by utilizing the textbook and lecture notes. However, based on my performance in other simulations and knowing how anxious I get. I was extremely nervous for my mind to blank and make a mistake. Worried about being disappointed in myself for not performing as I would hope to. During the simulation I felt mentally cluttered. There was a lot going on and I found it hard to think one thought at a time and focus on just the situation that was presented to me. This made it hard to react quickly and think of the appropriate assessment questions relevant to the situation. After simulation I felt confident in how I performed. I was able to notice the important symptoms during my assessment, implement the appropriate interventions, call the healthcare provider to provide an update on the patient and receive further orders, and collaborate with the medication nurse to provide quality patient care.