

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

Name: _____Michelle Porcher_____

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.]

- The patient had been admitted with a GI bleed. She had an NG tube in place hooked up to low intermittent suctioning and was NPO. The patient has a history of diabetes which was a concern due to her being NPO. While I was administering pain medication to the patient, she began to verbalize that she didn't feel right and that she was shaky. The assessment nurse asked her questions about her symptoms and obtained a fingerstick blood sugar reading. Her blood sugar at that time was 70. The assessment nurse contacted the provider for further orders since she was NPO, and she did not have any PRN orders for a low blood sugar reading. The provider discontinued the normal saline that was currently running. He changed the fluid order to D₅ in Normal Saline. I immediately switched out the patient's normal saline fluids to the D₅ in Normal Saline fluids. I then administered PRN Phenergan in response to the patient's complaint of nausea. I do feel like my response was appropriate in prioritizing my orders and care for the patient. Although a blood sugar of 70 is within

normal limits, it is at the very minimum of normal range. It was important to address her blood sugar immediately because she was NPO, and it is important that her blood sugar level remains within normal range. The patient was symptomatic and without prompt intervention she would have continued to drop.

- 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 that I used was to ask the assessment nurse what the patient's pain level was so I could administer the pain medication if appropriate. Another example was that when the assessment nurse was providing education consulting the case manager to talk to the patient about financial assistance and resources available, I spoke up and joined the conversation with the patient. I educated the patient that the hospital has a financial assistance program available that will look at her income and write off her bill based on her income and that they could help establish a payment plan that would work for her to pay the remaining cost she might have.
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
 - When providing education to the patient I told her that the hospital has financial assistance programs available that would discount her bill based on her income and that it would cover expenses that her insurance didn't cover. The patient responded that she did not have insurance. If I'm remembering correctly, she also did not have a job. I assumed that the patient had insurance but had a limited income to cover the remaining expenses. The patient was already concerned about financial obligations and by assuming she had insurance I could have made her feel more embarrassed having to tell us that she did not have insurance. Although I told her that the financial assistance programs could still benefit her without insurance, her initial thoughts could have been that she needed insurance to be able to apply for help through those programs. To reword this statement I could say, "The hospital has financial assistance programs available. You complete an application. If you meet the income requirements then they write off a percentage of your bill and sometimes all of it. The hospital also has other programs available that can help you get assistance with medication and other medical needs that you might have when you are discharged. There are other community resources available as well. I will have the case manager come in and talk to you about the resources available. What specific concerns do you have?"

- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.
 - The conflict in this scenario was that the patient’s blood sugar was dropping, and her blood sugar was at 70 while being NPO.
 - I am *concerned* that my patient, Roberta Melena’s blood sugar is dropping below normal range. I am *uncomfortable* that she is experiencing signs and symptoms of hypoglycemia. I believe her *safety* is at risk if we do not intervene quickly to bring her blood sugar up before it becomes critically low.

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?
 - I administered pain medication, IV fluids, and nausea medication. All interventions were effective. Her pain and nausea improved after receiving medication. Her blood sugar improved once she received the D₅ Normal Saline fluids. Her blood sugar rechecked was 80.
- Write a detailed narrative nurse’s note based on your role in the scenario.

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.

Nursing

Flow Sheets Provider Labs & Diagnostics MAR Collaborative Care Other

NURSING NOTE

Date	
April 10, 2025	<p>Patient complains of 6/10 pain in her stomach. Administered Morphine 2 mg IV push for pain. Patient stated she did not feel right and was shaky. Patient is cool and clammy to the touch. FSBS obtained with a reading of 70 and she is currently NPO. Provider notified of condition and requested further orders to treat symptoms of hypoglycemia. Provider discontinued normal saline. New orders obtained for D₅ Normal Saline at 125 mL/hr, Q6 FSBS while NPO, and treat glucose levels per protocol. D₅ normal saline is hung at 125 mL/hr. IV is patent and dressing intact. Patient continues to complain of nausea with NG at low intermittent suction. Dark coffee ground appearance of stomach content noted in suction canister. Administered Phenergan 25mg IM in right Deltoid. Patient states she is feeling better after receiving medications. FSBS has been checked again and is currently at 80 after receiving D₅ normal saline. Patient has no other complaints at this time.</p> <p>Patient has concerns about how she will be able to pay for her hospital stay. Patient educated that the hospital has financial assistance and payment plans available that she might qualify for. Will ask the case manager to follow up and assist patient with other resources available to assist with inpatient hospital costs and medical expenses for future follow up appointments and medications.</p> <p>Patient denies any other needs at this time. Call light within reach.</p>

- 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 is that I forgot to aspirate before giving the IM injection. To improve I will review the steps of how to administer IM injections. Another area of improvement needed was setting up the IV pump. I was able to correctly operate the pump, but didn't see 5% Dextrose when looking at the guardrail settings. Next time, I will ask for assistance rather than inputting the IV rate into the pump without the guardrail settings. Using the guardrail settings helps decrease errors and is safer for the patient. When reviewing the information prior to the simulation lab, I knew that Dextrose fluid was the appropriate fluid

for the diabetic patient, that is NPO. In the setting of the lab, I didn't think to question it when getting the report at the beginning of our scenario.

- 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:



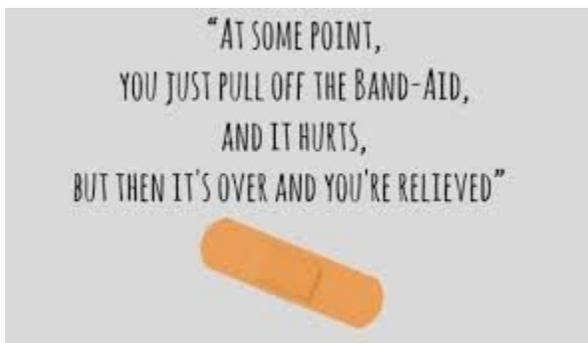
Before the simulation lab, I felt prepared for the scenario. By reading the chart and knowing that the lab was about GI system and diabetes, I concluded that the patient was going to need an NG placed and that they were going to experience an episode of hypoglycemia due to being NPO and diabetic. I reviewed our NG tube skill lab material from last semester along with signs and symptoms of hypoglycemia. I read that diabetic patients should receive Dextrose fluids, but during the scenario I didn't think to question it. I expected the scenario to be like our previous lab where the patient had emergency surgery and, in this case, would be an EGD. I anticipated being a medication nurse for a couple days post op like the previous simulation lab we had. That did throw me off because at that point the patient most likely wouldn't be NPO any longer, so that wouldn't have been a factor contributing to a hypoglycemia episode.

During:



I don't like being in the spotlight and hate knowing people are watching me. Although I prepared myself for the lab as best as I could I still don't think of things on the spot that I know. After the fact I realize that I should have done this or I should have said that. For example, aspirating the IM injection. I reminded myself multiple times while preparing for the lab not to forget to do it, but I still forgot.

After:



Simulation lab creates a lot of anticipation and anxiety. You don't know exactly what will happen during the lab and you're acting out the scenario with people watching you. Once it is over you realize that the "mental pain" was just brief, and it isn't as bad as you set it up in your mind to be.