

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 admitted with a GI bleed and had an NG tube in place. They had been having black tarry stools and coffee ground emesis for the past two weeks. Prior to this, she had been taking aspirin every six hours for the past 2 weeks to treat her recurrent headaches. To rest her stomach, she had been put on an NPO diet. With this, she has a history of type 2 diabetes which was very relevant to this scenario. Upon entering the room, her vital signs were stable with a blood pressure of 114/65, temperature of 98.0, heart rate of 100, SpO2 at 98% on room air, and 20 respirations. She explained how she felt weird and dizzy. With my prior knowledge of her being a type 2 diabetic and her being NPO currently, I asked if she checks her blood sugar regularly. I explained how during a time like this she can have blood sugar drops from not eating. She was also experiencing 5/10 pain in her abdomen, so I performed a quick abdominal assessment in which she had active bowel sounds in all four quadrants and a tender abdomen on palpation. I feel that in the future I would check her blood sugar

first to address her symptoms and the priority problem at the moment and then return once stable to perform my focused abdominal assessment. I then proceeded to grab the glucometer and check her blood sugar from the symptoms she was experiencing. Her blood sugar was 70 which is low but not below protocol for treatment. This would be the protocol if she was eating meals regularly. Since she was NPO I used my clinical judgement to contact the provider and explain the patients' symptoms, blood sugar, and recommended that we get regular blood sugar checks on her and the doctor added quickly that she would put in orders for Q6 blood sugars and IV Dextrose 5% in Normal Saline at 125 ml/hr. I felt that this order was appropriate for the patient's situation and the medication nurse administered the medications. After the IV D5 was hung, I entered the room again to check on my patient. She explained how she felt better and was no longer dizzy. I felt that this was a good time to provide education since the patient was stable and no longer symptomatic. From prior knowledge, my patient did not have a home to live in and she did not have the funds for her medications. She was very worried about how she was going to afford her hospital bill and future treatment and medications. I explained to her that our case management group would come in and help her through this journey. They would help her with housing placement, hospital stays, medical supplies, and medications to help treat her conditions and prevent future hospitalizations. I feel that this education gave her some relief as there was somebody at the hospital to help her through this difficult time and educate her about how to live with her health problems.

- 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.).

During this scenario, I used collaborative communication with the medication nurse. I explained that the patient was having 5/10 pain, and this helped her to make the decision to administer the IV morphine. With this, I contacted the healthcare provider and received an order for IV Dextrose 5% in Normal Saline at 125 ml/hr from a bloody sugar of 70 in which she then administered as well. I feel that our communication was fast and effective while keeping the patient's safety at our highest priority. With the patient's safety, it was a priority for me to gather my information and contact the provider quickly to tell the medication nurse what medication to give to bring up the patients' blood sugar.

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

During the scenario, I contacted the healthcare provider. Upon calling the healthcare provider about the situation, I received some unkind and snippy

comments about the reason I was calling. After I gave the healthcare provider the information about the patient and my recommendations, she read me some orders to administer to the patient. In this moment, I was very frazzled and froze. I wrote down the order but after that the healthcare provider hung up the phone. I should have called back and repeated the orders but in the moment, I was very nervous. At the beginning of the conversation, I could have stated that I was not trying to bother her (the HCP), but I was worried about the patient's safety while being NPO with a blood sugar of 70. I feel that reiterating that I was not calling to just bother her for no reason but that I had the patient's safety at mind would calm down the tone that I was receiving. As well at the end of the conversation, I could have stated that if she were to allow me to read back the orders that I would not have to call back.

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

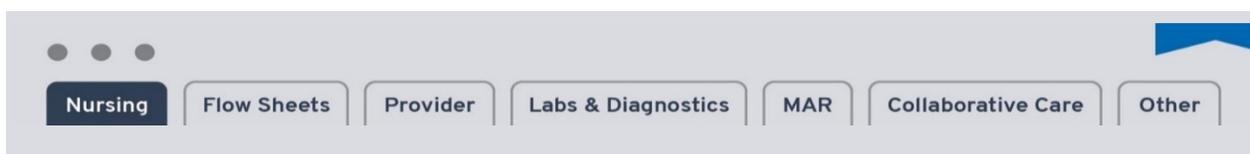
During the simulation, I experienced conflict during my phone call with the healthcare provider. She was very annoyed and unkind during the phone call. In this situation, I was worried about the patient's safety, and it was necessary for me to phone the provider. I was concerned that my patient would go hypoglycemic. I was uncomfortable that she had a blood sugar level of 70 along with being NPO. I believed that she was not safe and could develop further symptoms and complications from a dropping blood sugar level.

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 evaluated the intervention of the administration of IV morphine by assessing the patients pain after the morphine was administered. In this, her pain went from a 5/10 to a 3/10 in her abdomen. I evaluated the intervention of the administration of IV D5 by assessing the patients' symptoms of hypoglycemia like dizziness and diaphoresis. In the future, I would recheck my patients' blood sugar to show true effectiveness of the IV D5 shown from an increased blood sugar level from the previous reading of 70.

- 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	
<div style="display: flex; justify-content: space-between; align-items: center; border-bottom: 1px solid #ccc; padding-bottom: 5px;"> <div style="display: flex; gap: 10px;"> ● ● ● </div> <div style="display: flex; gap: 10px;"> Nursing Flow Sheets Provider Labs & Diagnostics MAR Collaborative Care Other </div> </div>	
Date April 10, 2025	<p>Patient reports feeling dizzy and sweaty. Patient reports these feelings starting a couple of minutes ago. Blood glucose level reads 70. Patient is currently NPO. Healthcare provider was notified. IV Dextrose 5% was administered as ordered for hypoglycemia. Patient reports decreased dizziness. Patient reminded to use call light if dizziness occurs again. Call light placed within reach. Will reevaluate patient in 15 minutes for medication effectiveness.</p>

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

In the future I will attempt to keep my calm and address the situation at hand with an unkind provider on the phone. I feel that to keep the patient safe, I cannot freeze up. I must address the situation and remember to repeat back the orders given. To improve on this skill, my classmates and practice providing SBAR to a HCP, be given orders, and repeat them back. I feel that because we do not get to perform this skill besides once in simulation that it is difficult and scary these first couple of times. I feel that this will allow me to improve on my communication skills with the HCP and keep the patients safety as priority.

- 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've got 99 problems and 86 of them are completely made up scenarios in my head that I'm stressing about for absolutely no reason



I feel that this accurately represents my thoughts before simulation because I knew from the objectives that it was going to be hypoglycemia. By putting the information together, the patient would be hypoglycemic because they were NPO and had T2DM. Even though I knew this, I was still very nervous, making up scenarios in my head like if the patients goes unconscious or something.



I felt frozen during the conversation with the doctor. Even though I knew she was going to be snippy, I did not know how to respond, and it still caught me off guard.



This was how I felt after the simulation. I felt relieved that it was our last sim for this semester and we are at the end.