

**Reflection Journal Directions:**

**Name:** Colleen Camp

**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.
- **After speaking with the assessment nurse, I noticed that the patient had experienced a decline in condition. She was having abdominal pain that was rated a 6/10 and was diaphoretic and dizzy. The assessment nurse took the patients' blood sugar, and noticed it was at 70. This was concerning because the patient was NPO, a type 2 diabetic and was starting to show signs of hypoglycemia. After reviewing the orders in the MAR I noticed my patient was on Phenergan for nausea, morphine for pain, and IV sodium chloride for fluid loss. She was only due to receive morphine at that time. I administer 1 mL of morphine intravenously to help with the abdominal pain. She did not have anything ordered to keep her sugar in good standing therefore we had to call the doctor to get an order for dextrose. The doctor ordered D5/NS at 125mL an hour to help keep her glucose in the normal range. He also ordered glucose checks every 6 hours. After receiving his orders and repeating them back I discontinued the sodium chloride that was infusing and switched over to the dextrose and normal saline bag. Overall, I think my response was appropriate. One thing I would do differently is to hang the dextrose before giving the morphine. The patient BP was already low and by giving the morphine first it could lower the blood pressure more and she was already not feeling good due to her low blood sugar.**

[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.]

- 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.). **One example of collaborative communication I used was talking with the assessment nurse. She communicated to me the patients pain level and blood sugar number. Without knowing that information I would have not been able to perform my role as the medication nurse. The patient could have gone into a coma and would have still been in pain. Another way I used collaborative communication was by calling the provider to get a new order for my patient. She did not have an order to keep her blood sugar levels in normal range while she was NPO. The doctor gave me a new order and we started the IV D5/NS.**

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

**I could improve my communication with the doctor when I called to get an order for the dextrose I said “Hello I have Roberta in room 2 and her last blood sugar was 70. She is NPO can we get dextrose to keep her sugar up.” Instead of saying that I should have given her a full sbar on the patient and explained further. I would re word this by saying “Hello this is Colleen calling from 3T I have Roberta Melena is room 2 she is here for a GI bleed and had an NG tube inserted this morning. She has a history of type 2 diabetes, and peptic ulcer disease and is currently NPO. I am concerned for her safety because she had had a decline in condition and is showing signs of hypoglycemia. I am uncomfortable with her blood sugar level after we took it a few minutes ago she was at 70. I am worried about her safety and would like to see if we could get her some IV dextrose to keep her sugar in a normal range.”**

- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified. **One conflict I experienced during this simulation was my patient blood sugar dropping and her not having anything to bring it up. My CUS statement would be I am concerned for Robertas safety because she had had a decline in condition and is showing signs of hypoglycemia. I am uncomfortable with her blood sugar level after we took it a few minutes ago she was at 70. I am worried about her safety and would like to see if we could get her some IV dextrose to keep her sugar in a normal range.”**

**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?

**During the simulation we ran out of time, but if we were able to, we would re-evaluate her blood sugar by checking it again after the dextrose started to infuse. I would also re-evaluate her pain level after administering the morphine. The patient stated that the morphine did help take away her pain and if we had time to check the blood sugar, I think the glucose would have gone up. If these interventions were not effective we would have had to call the doctor to see if the patient could get a higher dose of morphine or gotten something stronger with more sugar in it to raise the patients' blood sugar.**

- Write a detailed narrative nurse's note based on your role in the scenario.

<b>NURSING NOTE</b>	
Date January 11, 2025	<b>Example:</b>  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.

<b>NURSING NOTE</b>	
Date	Patient complains of abdominal pain rating it a 6 on a 1-10 scale that it is constant and does nor radiate. Morphine administered as ordered for pain. Patient also complains of feeling dizzy, cold, and diaphoretic. Check sugar the glucometer read 70. Doctor notified and new order received D5/NS to infuse at 125mL an hour. New order was initiated and still running, Will reevaluate in 30 minutes to determine effectiveness of interventions. Call light placed within reach.

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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?  
**To improve my clinical practice in the future I will make sure to prioritize my patients' medications and look at the whole picture before administering the medications. I will also push the morphine over 2 minutes instead of pushing it straight into the IV. I will also improve my communication with the doctor and give a proper SBAR when providing information about my patient.**
- 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?



This was how I felt the night before trying to make sure I knew everything I needed to know for this simulation. I chose this picture because I was so full of anxiety and nervous I was going to forget something important.

**PATIENT ASKS "HAVE YOU DONE THIS BEFORE?"**



**YES! A MILLION TIMES.. IN SKILLS LAB**

memegenerator.net

This is how I felt during the simulation after I read the MAR and figured out what medications I needed to give. I was feeling a more confident with the IV and setting it up then I have been previously. Except for not knowing the D5/NS was under maintenance IV fluids.

**NURSING SCHOOL STUDENTS BE LIKE**



This is how I felt after simulation because I was glad that it was the last one of the semester but at the same time I also knew there were some things I could have done better with during the simulation like knowing to push the morphine slow and not just injecting it.