

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

**Reflection Journal Directions:**

**Name: Madison Wright**

**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.]

When assessing our patient, Abby noticed that our patient was experiencing nausea and vomiting along with some pain. When our patient has a bowel movement as well as some emesis, we were able to identify the stool had a black and tarry appearance, as well as coffee ground emesis. Before the episode of vomiting, our patient's blood pressure was 110/68, after the episode, the systolic blood pressure dropped into the 90's. After assessing her chart and diagnosis, which she had a history of GERD, PUD, and was admitted for a GI bleed, we concluded she was showing symptoms of fluid loss. We called the provider, and got orders for NS 125 mL/hr intravenously to help rehydrate her. We gave her fluids, antiemesis medications, as well as pain medication to help ease her pain and symptoms she was experiencing. In the future, we would follow up with the provider, inform G.I. to get a scope done, as well as frequently monitoring her vitals. I feel as if these were the appropriate interventions as our patient reacted positively to them. The patient's vitals became more stable, and she felt less nauseated after the medications as well.

- 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 used in the simulation scenario was how Abby was able to confidently and correctly inform me as the medication nurse of what our patient was experiencing so I could prep and administer the proper medications to help our patient feel better. Abby was also able to call the provider, which she got extra medication orders given that she was able to clearly communicate with me so I could help treat our patient.

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

One area of communication I felt that needed to be improved was my communication with my patient when she spoke about medication affordability. I was able to advise her that the medication could be available OTC at a store and shouldn't be too expensive, but I wish I had done more. While observing my simulation teammates, I was very impressed by Lexi's suggestion for the case manager to get involved, and I wish I would have thought of suggesting that. In the future, I would state something along the lines of, "These medications we are recommending can be bought OTC, but I can always inform our hospital social worker to help with any services or needs you may have with medications."

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

One conflict we experienced during the simulation experience was the doctor being very short and annoyed with us while we were trying to inform them of the patient's condition. IF I were to write a CUS statement, I would say, "I am concerned with the patient due to the G.I. bleed and fluid loss, I am uncomfortable because you are not fully listening to me, and this is a safety concern as the patient is at risk or is already developing hypovolemia."

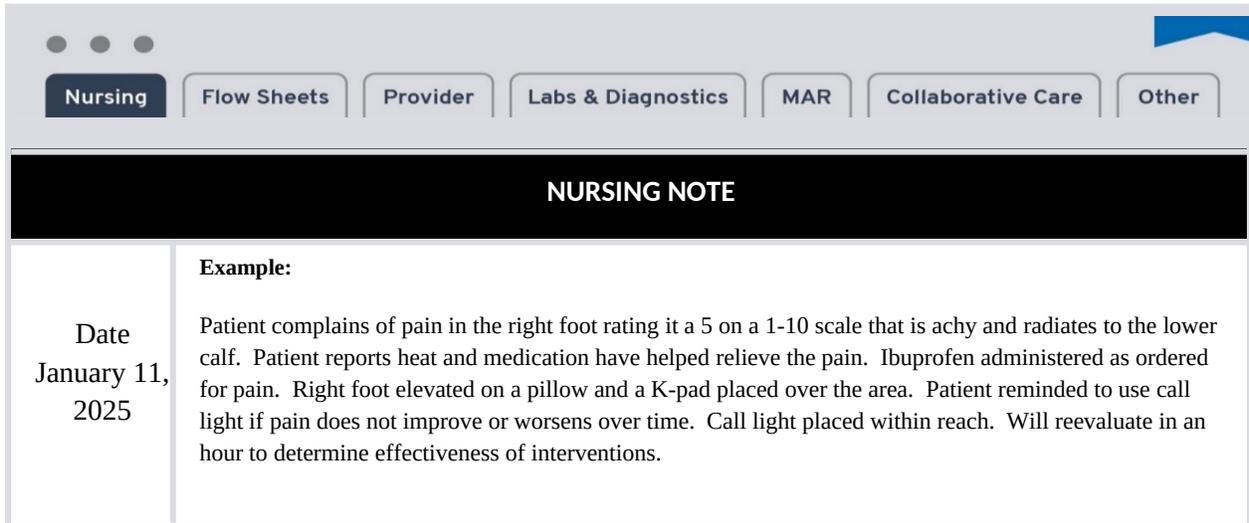
### **Reflecting:**

- 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?

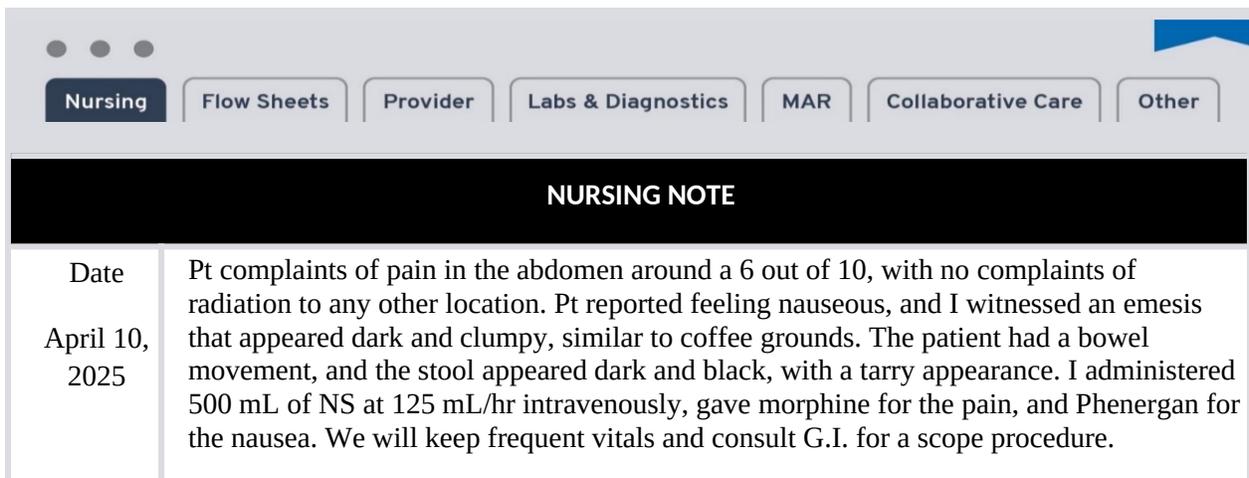
We evaluated the interventions we performed by assessing vitals on our patient, as well as keeping track of any feelings of nausea, vomiting, or more tarry stools. The interventions were effective, as the patient reported feeling better after the medications, and vitals remained stable after the fluids given. If these interventions were not effective, I would

phone the provider right away for future orders. This patient could potentially need surgery, more fluids, and other interventions such as needing blood.

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



NURSING NOTE	
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.



NURSING NOTE	
Date April 10, 2025	Pt complaints of pain in the abdomen around a 6 out of 10, with no complaints of radiation to any other location. Pt reported feeling nauseous, and I witnessed an emesis that appeared dark and clumpy, similar to coffee grounds. The patient had a bowel movement, and the stool appeared dark and black, with a tarry appearance. I administered 500 mL of NS at 125 mL/hr intravenously, gave morphine for the pain, and Phenergan for the nausea. We will keep frequent vitals and consult G.I. for a scope procedure.

- 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 try to prioritize my intervention steps based on what the highest priority is. In a clinical setting, I was more concerned about the emesis and the patient’s pain, but when taking a step back, I should have prioritized the fluid loss first, then corrected the other symptoms.

Hypovolemia can be detrimental to a patient, so doing interventions to correct or avoid that from occurring in a patient would be my first priority in the future going forward.

- 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:



This image perfectly described what I looked like before sim. I knew all the information, and we just learned most of it in class, but I had no idea how I would incorporate all of my knowledge when under pressure in a scenario.

During:



I definitely feel like I froze up at some points, and all of my knowledge went out of the window. I was like “Oh this is happening now? Okay uhh what do I do”. I ended up being fine as it went on, but those first few moments when things started going wrong I felt like this!

After:



This is exactly how it feels to be walking out of sim knowing you did semi-okay and the patient thankfully did not get worse after your interventions. What a sigh of relief when it is over.