

Firelands Regional Medical Center School of Nursing

Medical Surgical Nursing

Reflection Journal Directions:

Name: Abigail Foote

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 for a GI bleed, and she was taking Aspirin every 6 hours for two weeks. She has a history of peptic ulcer disease, GERD, and diverticulitis and taking Aspirin as much as she did, I felt like that was the cause of her GI bleed because that medication can cause erosion and irritation to her GI tract. As I was assessing my patient, she vomited up coffee ground emesis and her blood pressure dropped to 94/57 with a pain of 6/10 in her stomach. As the patient showed these symptoms, I called the health care provider to get some more orders as she was symptomatically declining. The health care provided us with more order to run her normal saline to keep up with her fluids and well as inserting an NG tube to help empty her stomach with intermittent suction. After we followed through with the orders the patient became more stable. This is a analysis of things you noticed with the patient along with some interventions that you completed! You did a wonderful job noticing that the blood pressure decreased and that with her vomiting she was at risk for further complications! MD

- 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.).
The collaborative communication I utilized in this scenario was with my student nurse partner. We communicated on providing care for this pain by me telling him her pain levels and how nauseous she felt so he could provide the correct medication for her. It was important for us to communicate this so the patient received the correct care needed. Communication is vital for the patient to receive the care they need. You did a wonderful job working and communicating with your partner so the patient received everything she needed to become stable! MD
- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
The communication that I could improve is when talking with the provider. Speaking with the provider, they order new orders for us to make. Instead of saying okay and hanging up the phone I should read back the orders provided. So, at the end of the call, I should've said the orders provided are you would like the insertion of an NG tube on low intermittent suction, as well as fluids of normal saline running at 125 mL/hr and you would like me to consult the GI doctor. Do these orders sound correct? Absolutely! Even when the healthcare provider is not cooperating it is important to always repeat back orders. If they hang up on you it is important to call them back to clarify. When signing off orders that are placed by the RN it is required to state the orders were read back to the provider. This ensures that we heard the orders and have them correct. MD
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.

A conflict I experienced during simulation is when my patient started vomiting, I was unsure of what to do. I was in between just letting her throw up and going on with my assessment or calling the healthcare provider to see what other care plan I should follow. I ended up deciding to call the healthcare provider because her vomit looked like coffee ground like emesis and I know that could mean blood but when I called the health care provider, I needed more information so for my conflict I should've did a little bit of both getting need vital signs and focused assessment and then immediately calling the health care provider after. This is a very difficult conflict that in the real world you would have peers that would be able to assist you with the patient and calling the provider. What would your CUS statement be in this situation? The question asks for a statement to address the conflict that you experienced. Please provide this statement to be satisfactory. MD

I am concerned with my patient's blood pressure dropping while she vomited. It dropped pretty quickly while she was throwing up. I am uncomfortable with my patients stability as of now because she has been vomiting for two days and I don't want the blood pressure to keep dropping as she vomits. I believe she is unsafe because her emesis is a coffee ground color as well as her stool being coffee ground and she is showing symptoms of bleeding to of her blood pressure dropping and how much pain is being caused. It is important to take my concerns to the

healthcare provider to get some more orders to help maintain my patients stability and to help ease her symptoms.

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?

The intervention of putting in an NG tube that I performed I think went very smooth. I felt very comfortable with doing this and I think for a student nurse I made very minimal mistakes. I always need improvement, and I think the thing I would need to improve is to go to my dominant side to put it in but even with my non dominant hand I think I did a good job with it as well. After this insertion I know the intervention was effective because I had gastric residual and after turning the suction on, we were getting fluid into the cannister. YES! You did a fantastic job with this skill, Abbi! Keep in mind that it is essential to use your dominate hand for insertion! However, to be able to use both hands can be extremely helpful in emergent situations 😊 MD

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

PROVIDED DOWN IN LAST BOX!!

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 NOTE	
Date April 9, 2025	Pt. complains of pain in her abdomen with a rating of 6 out of 10 as well as feeling very nauseated. Pt stated that nothing is relieving her pain. Phenergan administered as ordered for her nausea as well as Morphine administered for her abdomen pain. Pt was told to use call light if her nausea or pain were to worsen. Pt safety measures in place. Will

reevaluate pt in about 45 mins to determine the effectiveness.

This is a very good note! I think instead of stating you will recheck on them in 45 minutes leave it as that you will reevaluate them. This will keep the information broad enough that in the event you do not return to the bedside in 45 minutes to check on them that it is not used in a court of law. Remember to always have a time for every note as well. Also, I would have liked to have seen a note about the NG insertion you performed. How would you document the insertion? If you have questions, do not hesitate to reach out. MD

- 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 is to not freak out when a pt declines. Before anything I should reevaluate the patient in the room before leaving to call the provider. It is important to know your patient's stability at all times while they decline in symptoms so you can provide the health care provider with this information. Absolutely. I encourage to take a deep breath to calm your thoughts and nerves when things start to become urgent. Also, remember you can call for help and place the call light on, or pull from the wall to bring people into the room depending on what is happening. You also always have the MET team that will help anyway they can to get the patient the care they need! MD

- 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- Intimated

During- Anxiety

After- satisfied

These are great words! Please provide more information about why you chose the words you did? Why did you feel intimated and anxious? Satisfied makes sense for the end 😊 Please provide details on why you chose the words you did to be satisfactory. MD

I chose these three words to explain how I felt through each phase of the simulation. The reason for picking the word intimated for the before is because it is a scary feeling of not knowing what situations you are going to walk into and also knowing there are people behind a glass watching how you react for a grade. During the simulation I picked anxiety because my patient's blood pressure dropped while vomiting and I was stuck in between how to correctly act upon this situation at the time it happened. After the simulation I felt good about the care I provided for my patient, and I felt confident in the steps I chose to take to determine the next steps to overall help my patient and that's why I chose satisfied. I overall felt more confident in my care for this simulation compared to my first simulation.

Abbi-

Unfortunately, you are unsatisfactory for the reflection journal due to the word count of 663. Along with that, you need to write a CUS statement and expand on your words on how you felt before, during, and after the simulation. Please be sure that once this is completed to resubmit into the Reflection #2 Dropbox. If you have questions, please reach out to me.

Monica