

Firelands Regional Medical Center School of Nursing
Faculty Manual

Psychiatric Nursing 2025

Reflection Journal Directions:

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. Your reflection journal should be a minimum of 750 words (not including the questions). Submit your journal to the appropriate dropbox (Simulation Reflection Journal) by **Saturday June 28, 2025 at 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 had bruises on her left arm and an abrasion above her left eye. During report I was told that she had a fall at home and did not seem to remember the fall. She drinks a 6 pack of alcohol every day and is in denial that she has a drinking problem. It has been 3 days since her last drink. During my assessment she had some hand tremors, visual hallucination, she was diaphoretic, and anxious. This was a significant decline from earlier in the day. Her blood pressure was 148/88, respirations 15, 99% on room air, heart rate 89 and temperature was 97.2. Her blood pressure had decreased from the morning blood pressure that was 150/90. I assessed her using the CIWA scale and her score ended up being 22. This was a decline from her previous CIWA score of 5 from earlier in the day. She was oriented to person, place, and time and there was no change in orientation from the morning to now. It was evident to me that she was starting to experience alcohol withdrawal. I then asked her the CAGE Aide questions, and she stated that she has not tried cutting back on her alcohol intake, she does drink when she wakes up in the morning, she does feel annoyed when people comment on her drinking, and she sometimes feels guilty about her drinking. She still denies that she has a drinking problem. I communicated

these findings with my medication nurse, and she administered 4mg of lorazepam to help control her withdrawal symptoms. I educated her on some support groups to help her maintain her sobriety when she returns home, and she seemed receptive to my information.

- Describe your communication with your patient; was it therapeutic and professional? Provide one example of how you connected with your patient.

Communicating with the patient was hard because she did not want to open up and was in denial about her alcoholism but overall, I feel that my communication was therapeutic and professional. One way I connected with my patient to get her to open up was bringing up topics I knew she would be interested in. I asked her where she goes clubbing because she had previously mentioned to the other nurse that clubbing was something that she enjoyed. She said that she goes clubbing all around and asked me if I was going to call them. I told her I was not going to call them and asked her what she liked to do at the club, and she said she used to drink and dance with her friend that had passed away. She was still in denial about her drinking problem, but she started to open up more when I asked how she coped with her friend's loss after the funeral. She said that she may have drunk alcohol, but she didn't really remember and said that her brother has maybe said something to her about her drinking problem. I asked her open ended question and asked her what she would like to talk about, I asked her how her day was going and kept our interactions professional.

- 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 the healthcare provider, case management, pharmacy, etc.).

One example of collaborative communication I used was explaining my patients CIWA score to the medication nurse. After I completed the CIWA questionnaire I reported to score back to the medication nurse, and she then looked at the CIWA protocol for the number she was rated and administered 4mg of lorazepam. We double checked the dose together and made sure the medication was appropriate for the patient. Together we were able to help the patient with her withdrawal symptoms.

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

One example of communication that I could improve on is figuring out what to say to a patient who does not really want to talk or open up. I was struggling to figure out what to say that would be therapeutic to the patient when she would deny her alcohol abuse and would give me short answers. I did not want to pry or make her feel uncomfortable so I tried to ask broad questions. At one point during our conversation, I said "why do you think that is?" This is not a therapeutic response and instead I should have said "tell me how that makes you feel." This response is therapeutic and may have got the patient to tell me more about herself rather than asking her why and making her feel like I am judging.

Reflecting:

- Describe one teaching need that you identified or implemented. What was the patient’s response to that teaching need?

One teaching need that my patient needed was resources for support groups to maintain sobriety. She expressed to me that she has never tried to cut down on drinking and is still actively drinking at home. I educated her on alcoholic’s anonymous groups where she can go and express her emotions and talk with other people about their shared addiction and hopefully gain some positive coping skills from the other members. I also shared with her the resource paper for the Sandusky artisans so that she knows she has options that are close to home and will help her maintain sobriety.

- How did your expectations change as the simulation progressed? How did you adjust your nursing care to these new expectations?

As I observed the first half of the simulation, I noticed that the patient was not willing to talk to the nurses about anything and that she was in denial about her drinking. When I started my assessment, she was still heavily guarded and did not want to talk. I tried to switch up the questions I was asking to try to make her more comfortable. After I did my CIWA scale I adjusted my questions to be based on her interests and the loss of her friend instead of her drinking. This helped me get more indirect answers out of the patient about her drinking habits. Instead of asking her “how often do you drink” I changed my questions to be “what did you do when you and your friend went to the clubs” and “ how often do you go to the clubs.”

- 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 NOTE	
Date	Upon entering the room patient states, “I am feeling anxious” and admits to seeing spiders “crawling on the bedside table.” Vital signs BP 148/88 pulse 88 RR 15 O2 99% Temp 97.2 She was diaphoretic, anxious, having visual hallucinations, experiencing hand tremors and agitation. A CIWA scale was re-assessed with a score of 22.

Patient is in denial of alcoholism and is guarded. A CAGE aide assessment was obtained and charted. Patient was given 4mg of Lorazepam PO per CIWA protocol. Will re-evaluate in 30 minutes to determine the effectiveness. Patient was educated on support groups for after discharge. Will re-evaluate vitals in 15 minutes to assess for respiratory depression. Will continue to closely monitor and re-evaluate symptoms.

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

One thing I can improve on is my communication and knowing what to say that is therapeutic to the patient. It is hard to always know what to say to the patients when they don't want to talk or are in denial because you don't want to push them and make the uncomfortable but at the same time you need the information to treat them properly. To improve this, I will look over all of therapeutic and non-therapeutic communication skills in my book and implement them with all of my patients moving forward. I will also keep in mind my nonverbal communication skills as well.

- 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? Explain.

Before we start Sim, I am always nervous, but this time I was more nervous because I knew it was going to be a live patient and not a mannequin. This picture describes how I was feeling before we started.



During the Sim I started to feel more comfortable once I started talking to the patient and doing my assessment. I felt more confident knowing that I had the handout printed off and did not have to do it based off memory. This picture describes how I felt during the sim:



After the Sim I felt like myself and the rest of the group did good, and I was proud of us for having good communication skills. I think I like having a real person better than the mannequin! This meme represent how I felt after sim.

