

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.]

When I initially walked into the room, the patient was laying on the bed and was resting on and off. When asking the patient how they were feeling, she stated she is tired and anxious. When asking her why she was anxious, she stated it was due to being in the hospital. Patient seemed to be having some mild anxiety and was a bit guarded, not giving out much more information. A set of vitals were performed, and they were as followed: BP 150/88, HR 89, SpO2 98%, T 97.5. I performed a CAGE-AID questionnaire, and the patient did not feel as if they should cut down more on drinking, is somewhat annoyed with people talking to them about their substance use, did not really feel guilty about drinking, but did admit to needing a drink to start her day occasionally. This led me to perform a CIWA scale assessment, with a score of 5. We responded by administering ordered medications, as well as educating for community resources.

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

My communication with my patient was as thorough as it could be. My patient wasn't really wanting to go in depth about what she was dealing with and also did not want to admit she was using alcohol at home to cope with the death of her friend. I feel as if it was therapeutic and professional, as a specific example includes when talking about the death of her friend, I was able to use a therapeutic communication technique and be empathetic by telling her that it must be hard to deal with a death of a friend so close to her.

- 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.).

An example of collaborative communication I used within the scenario was reporting the score of the CIWA scale to my medication nurse. If the CIWA scale score was high enough, we would have had to administer an extra medication to help treat withdrawal symptoms for our client. Since our client's score was so low, we did not have to administer the Lorazepam. There was another medication for nausea and vomiting that we did not have to administer either, since I was able to report back to the medication nurse our patient wasn't experiencing either.

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

One part of the communication that could use improvement was hesitancy. During the scenario, the patient wasn't very descriptive in her answers, nor did she want to talk about much. I wasn't sure if I should poke more about each topic or move on to the next. I said something along the lines of, "Would you like to tell me more about that?" a lot of the time, leaving a lot of "noes" and "ehs" as responses to that. Instead, I wish I would have said something like, "Tell me more about this specific detail", which was more honing in on details she might have spoken more about.

Reflecting:

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

One teaching need that I identified with my patient was to teach her about community resources such as AA to help her with recovery outside of the unit. It was apparent she was suffering from alcohol use, even though she didn't quite admit it, it is our job as a nurse to help our clients stay successful to the care plan after discharge as well. She reacted by saying she might be interested in something like that, so I informed her I will let her case manager know to add that into her discharge care.

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

During my scenario, there wasn't too much of a drastic change throughout the simulation. I do have to note that I realized quickly at the beginning she wasn't very open to talking about her alcohol use, so I dug more in depth with questions about her home situation, her friend's death, her hobbies, and relationships and support systems. I had to beat around the bush sometimes when asking these questions, as she was very guarded to going away direct answers. This was definitely an obstacle I had to overcome so I could gain enough information so I knew how to properly care for my patient.

- 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	
Date June 26, 2025	<p>Patient complains of being fatigued and anxious. Pt reports it is due to being in the hospital but does not reveal much more. Pt reported no pain to her forehead abrasion or bruises she gained from fall at home. CAGE-AID questionnaire was performed and results show alcohol use possible, CIWA scale performed with score of 5. Medications were given as ordered; with no alcohol withdrawal symptoms present at this time.</p>

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

I could most definitely work on caring with confrontation, as I feel like that could've been beneficial for this scenario. I would try to build a therapeutic relationship but also set boundaries in a way which allow me to care for my client, but also present them with reality of the situation. By having our client today tell us she was using alcohol, it could have helped us better prepare on how to treat her withdrawal symptoms sooner.

- 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.



This picture accurately represents how I felt before I went into the sim lab. There are always those feelings of uncertainty, because you have no idea how the scenario will unfold or how you will react.



This picture represents me during the scenario because even though I had to act professional, deep down I had no idea how to get information out of my client without seeming pushy or prodding. I was a bit nervous as she was very nonchalant about most questions I had asked her.



This is exactly how I felt after sim was over, it is never really as serious as I make it seem in my head. When I got out of the sim room, it was as if I did all that stressing for nothing. I tend to overthink way too much, and it is so relieving when it is over.