

## MSN 2026

### Reflection Journal Directions:

Name: \_\_\_\_\_ Karsyn Brewer \_\_\_\_\_

**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.
  - During my portion of the SIM lab, my patient was experiencing signs of compartment syndrome in their left lower leg due to the fracture... I was able to assess the color of the toes, having no pulses in the feet, the temperature of the legs, tingling of the toes, no muscle strength in the foot, and excruciating pain rating a 10/10. I interpreted that and then provided interventions by taking the pillow from underneath their leg, taking off the ice, notifying the provider immediately and explaining to the provider their symptoms. I know that ice is contraindicated because it causes vasoconstriction and it worsens ischemia. I needed to act fast because I wanted to prevent permanent muscle and nerve damage. In response to my call with the physician using SBAR, they appreciated my thorough assessment and asked my partner and I to give the patient their medication that was due and to call the OR and let them know that the physician wants to move up their surgery time to as soon as possible.

[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.).
  - During this simulation, my partner and I had really strong communication with each other the entire time. While I was doing my head-to-toe assessment and noticing the signs of compartment syndrome, she stayed in the room with me and we were both talking through what we were seeing. I verbalized that I was concerned about the absent pulses, increasing pain, tingling, and the temperature change in the leg, and we both agreed that this was not normal for just a simple fracture. We worked together by kind of dividing responsibilities naturally. While I focused on assessing and

calling the physician, she prepared to give the scheduled medication and IV fluids so we could stay on track and not delay care. I called the physician promptly using SBAR so I could clearly explain what was going on. I explained the situation, the patient's background with the fracture, the assessment findings I noticed, and why I was concerned about compartment syndrome. The physician appreciated that I called right away and gave us new orders to move the surgery up as soon as possible and to notify the OR. After that, I made sure to call the OR and communicate the urgency of the situation so they were aware of the change in plan. I also notified the patient's wife promptly so she was aware of what was happening and why surgery needed to be moved up. I think keeping her informed was important because it supports family involvement and helps reduce anxiety. Overall, my partner and I stayed calm, communicated clearly with each other and the team, and prioritized patient safety the entire time.

- Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? Be specific.
  - I feel as though my communication could have some improvement. While I did educate the patient, I could have used more patient centered language. Instead of just simply stating that I needed to remove the pillow and ice, I could have said something along the lines that I am concerned about keeping the leg elevated and using ice, which can decrease blood flow further. And that I want to make sure that I protect their circulation.
  - Another area I can improve on is slowing myself down just enough to verbalize my critical thinking more clearly. Even though I knew what was happening and acted quickly, I want to continue working on explaining my reasoning out loud, especially in high stress situations. This will help my instructors and future team members understand my thought process and strengthen my leadership skills. I also want to continue improving how I incorporate holistic care, even during urgent situations
- What is a conflict you experienced during the simulation? Write a CUS statement addressing the conflict you identified.
  - I am concerned that a group member did not verify the patient's allergies prior to medication administration. I feel uncomfortable because medication errors can cause serious adverse reactions. This is a safety issue because failure to verify allergies may result in harm to the patient.

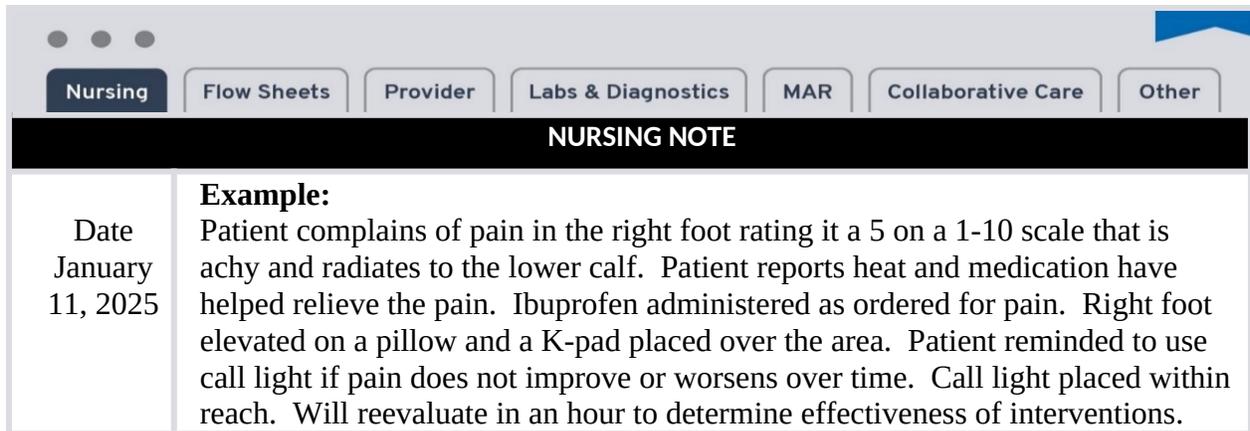
[Ex: "I am concerned about the way you spoke to the patient during care. I feel uncomfortable because the tone came across as dismissive, and the patient appeared distressed. This is a safety issue because it may affect the patient's trust and willingness to communicate symptoms to other nurses and staff members."]

### **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?
  - When assessing for compartment syndrome, I was able to remove the pillow and the ice pack from the fractured leg. My intervention was effective, and I called the

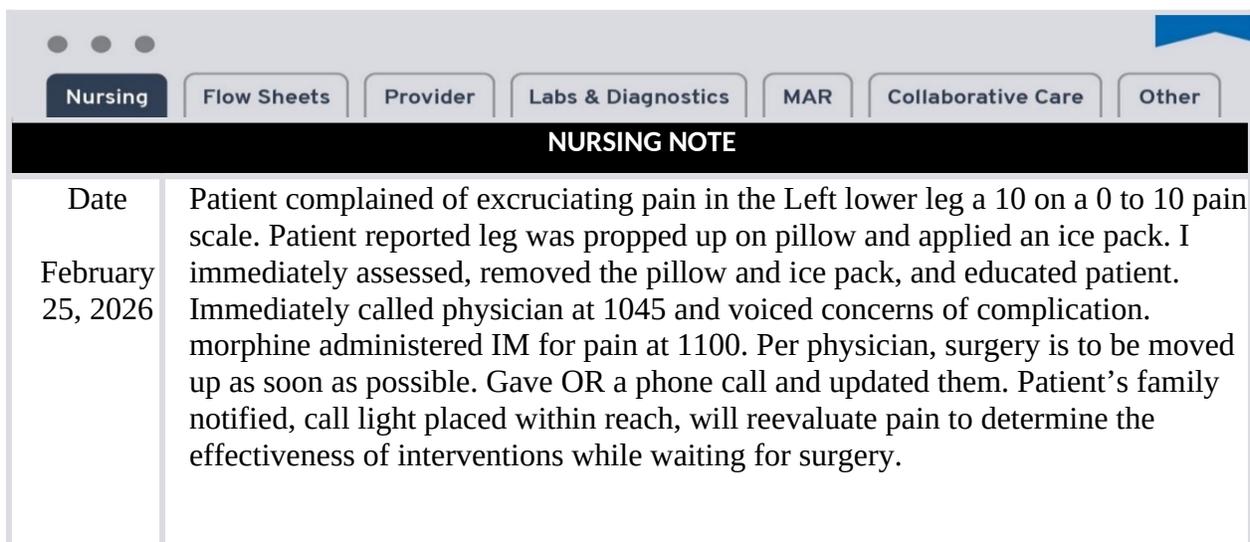
physician immediately, and the physician agreed that I did the interventions properly and thanked me that I called them promptly.

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



The screenshot shows a digital interface for a nursing note. At the top, there are several tabs: "Nursing" (selected), "Flow Sheets", "Provider", "Labs & Diagnostics", "MAR", "Collaborative Care", and "Other". Below the tabs is a header "NURSING NOTE". The main content area is a table with two columns. The first column is labeled "Date" and contains the text "January 11, 2025". The second column is labeled "Example:" and contains a detailed narrative of a patient's pain and the interventions performed.

Date	Example:
January 11, 2025	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.



The screenshot shows a digital interface for a nursing note, similar to the one above. It has the same tabs and header. The main content area is a table with two columns. The first column is labeled "Date" and contains the text "February 25, 2026". The second column contains a detailed narrative of a patient's severe pain and the interventions performed, including calling a physician and administering morphine.

Date	
February 25, 2026	Patient complained of excruciating pain in the Left lower leg a 10 on a 0 to 10 pain scale. Patient reported leg was propped up on pillow and applied an ice pack. I immediately assessed, removed the pillow and ice pack, and educated patient. Immediately called physician at 1045 and voiced concerns of complication. morphine administered IM for pain at 1100. Per physician, surgery is to be moved up as soon as possible. Gave OR a phone call and updated them. Patient's family notified, call light placed within reach, will reevaluate pain to determine the effectiveness of interventions while waiting for surgery.

- Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?
  - Overall, I think I did alright, the only thing that I feel like I could've done better was making sure that they're spiritual and cultural concerns had more attention. Although I feel like with my findings and the signs and symptoms of compartment syndrome that it was hard to do so while tending to the left lower leg. I do feel confident in the way I was able to perform and incorporate as much as I could have, may be improving my way of verbalizing my critical thinking.
- 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?

- o Before; chose this meme because before the simulation I felt nervous and knew I couldn't procrastinate preparing for it. I was worried about missing something important.



- o During; I think this is pretty self-explanatory lol. I was definitely panicked, but it was a focused kind of panic. My anxiety was high, but I stayed task-oriented and didn't freeze



- After; After debriefing, I felt relieved and proud that I recognized a life-threatening complication and acted appropriately.

