

MSN 2026

Reflection Journal Directions:

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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 report, I noticed that our patient's chart listed that our patient as a female, however had a previous history of an enlarged prostate. I noticed that the patient smoked 2 packs per day for the last 30 years, was noncompliant with medication regimen for hypertension, enlarged prostate, hypercholesteremia, COPD and atrial fibrillation.

Pre-surgery, my patient's blood pressure was elevated at 154/88, elevated respiratory rate of 22, with a persistent pain level of 10/10. Her lower left leg had a dressing covering an open fracture, covered with an ice pack, elevated with a pillow, also with a 1/5 trace movement of extremity and strength due to pain and fracture. The lower left extremity's dorsalis pedis pulse was decreased with a decreased capillary refill (>3 seconds). The patient's LLE had increased edema, decreased pulse, blue/purple tinged foot (pallor/cyanosis), cool skin, increased pressure, decreased movement, and increased numbness/tingling of the foot. The patient was persistent about unrelenting pain in the left leg that was not relieved by medication. Additionally, diagnostic tests showed that the patient's BUN was elevated at 40 and creatinine elevated at 2.1.

I interpreted that our patient was transgender, which meant that we should be respectful and ask our patient what pronouns and name that they would prefer to go by. I would likely start with this to be respectful and gain a rapport with the patient because if the patient does not feel respected, then the patient may feel dismissed and unlikely to be open with concerns or symptoms that are occurring.

These noticed manifestations along with an admitting diagnosis of complete open oblique fracture of the left tibia and fibula, the 6 P's (unrelenting pain, pallor, cool skin, decreased pulse and sensation, increased pressure), along with multiple factors inhibiting blood flow such as COPD, history of smoking, hypertension, BUN and creatinine levels, I interpret this to mean that the patient is likely experiencing compartment syndrome. I would respond removing ice from the patient's leg and pillow to decrease elevation to prevent constrictions of blood flow. I would also respond by calling the health care provider to report signs consistent with compartment syndrome to expedite surgical intervention.

Post-surgery (48 hours later), I noticed my patient demonstrated decreased mobility due to declining physical therapy and out of bed activity, verbalizing anxiety as barrier. My patient's blood pressure was elevated at 157/89, elevated pulse of 111, respirations of 22, and an oxygen of 89%. Additionally, my patient voiced shortness of breath, trouble breathing, chest discomfort, and increased pain in the right leg. I noticed my patient to have hot skin temperature of the right lower leg with warm red skin, decreased capillary refill, also with decreased dorsalis pedis/posterior tibial pulses, and increased anxiety. This in addition with the admitting diagnoses of complete open oblique fracture following an ORIF, limited mobility, tachypnea, SOB, anxiety, hypoxia, chest pain, DVT of the right leg and patient history, I interpret this data to mean that the patient is likely experiencing a Pulmonary embolism. I would respond with initiating oxygen, and focused respiratory assessments. I would notify the health care provider for ABGs, anticoagulants, IV fluids, and chest x-rays.

- **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.).**

I used collaborative communication by communicating with my nurse partner in calling the health care provider to explain assessment findings of possible pulmonary embolism the patient developed. I promptly contacted the doctor to describe my assessment findings and interventions, plus to confirm any new orders. I relayed back to my nurse partner new orders for diagnostic tests and medications; my partner administrated the order for enoxaparin that I verified from the provider. Before administering, my partner and I communicated with each other to verify the correct dosage amount before giving it. I also communicated with healthcare team for labs and imaging to verify noncompensated respiratory alkalosis with a PE in the right upper lobe. I communicated with my nursing partner to work through the ABGs in agreement of respiratory alkalosis.

- **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 my communication that can use improvement is when my patient developed a Pulmonary Embolism. When explaining the situation to my patient I said, "Decreased mobility and ambulation after a surgery can increase post-surgical complications such as PE. Unfortunately, it happens sometimes and is not your fault". I think that I could improve this communication to my patient by better explaining the risks associated with post-surgical complications in making sure my patient did not feel like it was her fault in developing a PE (especially with her decreased movement). I felt as if my communication did not properly explain exactly how

complications can happen and what exactly a PE is. In improving my statement, I should rather say, “PE is a blood clot that commonly forms starting in the legs and then travels to the lungs. Here it blocks blood flow and oxygenation, often making it hard to breath, lowering oxygen saturation and producing discomfort. This is not your fault. Post-surgery, you are healing which produces inflammation, blood is more prone to clotting. Adding in decreased mobility (which is common because of pain, inflammation, and instability), risks are increased, but you are not the cause itself. Early ambulation and physical therapy can help reduce the risk and I am here to help support you when feeling anxious or scared”.

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

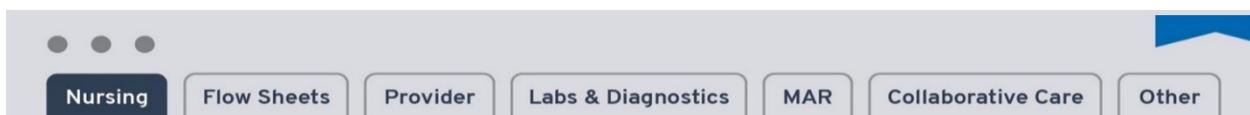
A conflict I experienced during simulation was report given to me (and my nursing group), the off going report was very dismissive, unprofessional, and was not respectful to the patient. In addressing the conflict identified from the off going nurse, a cus statement addressing it would include, “I am concerned about the way report was rushed, incomplete and skipped essential information. I’m uncomfortable accepting essential information. I believe this affects the safety of patient care, potentially harming the patient”.

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?**

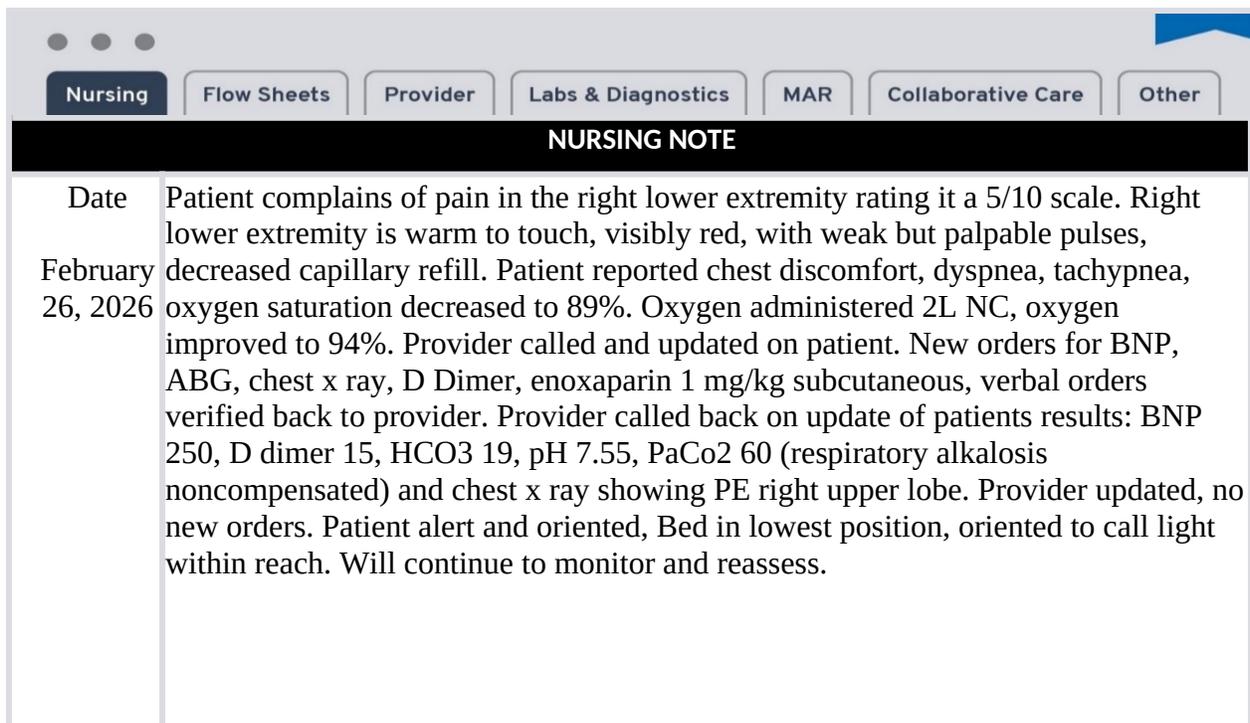
An intervention I performed consisted of assessing ABC’s. During my assessment 2 days post-op, my patient was complaining of shortness of breath, trouble breathing and chest pain when her SpO2 dropped to 89%, I decided to put oxygen on my patient. After administering oxygen, I put my patient into high fowlers to promote lung expansion and pursed lip breathing to reduce dyspnea and anxiety. I then reassessed the patient’s complaint of right lower leg pain, noticing that the right leg is warm to touch, pulses palpable but weak, and skin red. I communicated to my nurse partner, and we decided to call the provider to update them on a possible pulmonary embolism. I reassessed the patient’s oxygenation/SpO2 (ranging from 92-94%). I do think the intervention was effective, as my patient’s oxygen levels raised. If my intervention was not effective, I would call a MET to provide quick collaborative care for patient safety.

- 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.
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The screenshot shows a software interface for entering nursing notes. At the top, there is a navigation bar with several tabs: "Nursing" (which is selected and highlighted in dark blue), "Flow Sheets", "Provider", "Labs & Diagnostics", "MAR", "Collaborative Care", and "Other". Below the navigation bar is a header for the note, "NURSING NOTE". The note itself is entered in a table format with two columns: "Date" and the note text.

Date February 26, 2026	Patient complains of pain in the right lower extremity rating it a 5/10 scale. Right lower extremity is warm to touch, visibly red, with weak but palpable pulses, decreased capillary refill. Patient reported chest discomfort, dyspnea, tachypnea, oxygen saturation decreased to 89%. Oxygen administered 2L NC, oxygen improved to 94%. Provider called and updated on patient. New orders for BNP, ABG, chest x ray, D Dimer, enoxaparin 1 mg/kg subcutaneous, verbal orders verified back to provider. Provider called back on update of patients results: BNP 250, D dimer 15, HCO3 19, pH 7.55, PaCo2 60 (respiratory alkalosis noncompensated) and chest x ray showing PE right upper lobe. Provider updated, no new orders. Patient alert and oriented, Bed in lowest position, oriented to call light within reach. Will continue to monitor and reassess.
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- **Reflect on opportunities for improvement. Based on your performance, what steps will you take to help improve your clinical practice in the future?**

Based on my performance, I would strength my assessment skills in recognizing respiratory distress. I would also improve my clinical practice by communicating more efficiently on post-op complications and the risks involved. I will provide clearer patient education regarding PE complications to ensure that my patients understand that they are not caused by personal noncompliance.

- **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?**

Anxious. – I chose anxious because I was terrified going into the sim scenario. I was anxious of the head to toe and missing critical information. I was also afraid of getting a skill and not remembering how to perform it. During the scenario, I felt anxious because I was afraid of not assessing my patient correctly, doing the wrong interventions, educating

my patient wrong or not meeting my patients needs correctly. After the scenario, I still felt anxious because I felt like I missed an intervention, or did not correctly do something.