Simulation 2

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Responding

1. Discuss one thing you noticed, how you interpreted it, and how you responded.

The patient started to hallucinate and exhibit confusion. Knowing my patient's history and her newly diagnosed type two diabetes, I was able to act quick and check her blood sugar. My patients blood sugar dropped to fifty-two. Knowing she was NPO, and had two thirds of her stomach removed, my team and I were able to react quickly according to the protocol and give her an IM dose of glucagon to get the patients blood sugar back to a therapeutic level.

2. Explain how you prioritized your patient care.

I started by obtaining my patients vital signs and doing a pain assessment. I then assessed my patients' IV site, since she was NPO and receiving IV fluids to avoid dehydration. I then assessed the patient's NG tube to make sure everything was connected and working properly. I then listened to my patient's heartbeat and lung sounds. I then proceeded to a GI assessment since my patient was admitted and underwent a gastrointestinal surgery. I also assessed my patient's dressings to make sure they were dry and intact.

3. Describe your communication with you patient and your peers; was it therapeutic and professional? Explain. How did you direct and/or include your team members during the scenario?

I verified my patient by name and date of birth, and also by looking at her name band on her right arm. I asked my patient if she was having any pain, if she was passing gas, and if she had urinated. I also explained to my patient what I was doing as I was assessing her. When I listened to her heart and lungs, I told her what I was doing. When I assessed her pupils, I asked her to keep looking forward while I shined the light in her eyes. I also explained to her I was going to check her blood sugar when she started hallucinating even thought she was confused. I told her I was going to poke her, and when we had to give her the glucagon we explained to her why and warned her again we were going to have to poke her. When the patient was no confused, we explained to her why she developed hypoglycemia. We also did some teaching on hypoglycemia and hyperglycemia. We explained to the patient her blood sugar dropped due to the surgery she just had. Removing two thirds of her stomach and being NPO. Not eating anything caused the patients sugar to drop especially after she administered insulin coverage after her last meal.

Reflecting

1. Describe an intervention that you performed and the patient's response to that intervention. Was this intervention appropriate? Why or why not?

I did some education on diabetes. I explained to the patient why her blood sugar dropped, and answered her questions on what to look for, and what to do when her sugar drops. This was appropriate, the patient cannot manage her disease and take care of herself if she does not know how. I think the patient responded well to this intervention. She kept asking questions, which shows me she is engaged in learning and wanting to manage her health.

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

My patient asked me what to look for when she was hypoglycemic, and hyperglycemic. When I answered her, I did not give the right signs and symptoms. I was nervous but that's no excuse when educating a patient. I realize that I need to know the correct things to educate my patient on, so they know what to look for. I was embarrassed and I need to be informed myself so I can correctly take care and educate my patients. If I could redo the sim, I would make sure I knew the correct signs and symptoms of both hypoglycemia and hyperglycemia. Another classmate taught me "cold and clammy, need some candy, hot and dry, sugar high". That's what I would teach my patient to help them remember.

3. After viewing the video, what would you feel is your most positive attribute?

After viewing the video, I feel my most positive attribute was realizing that my patient was hallucinating due to her diabetes during my assessment and acting quickly with knowing that. She was exhibiting confusion and seeing spiders and cats that were not there. If I did not know my patient was diabetic, I would think the patient was having a mental status change due to something going on in the neuro system.

4. After viewing the video, discuss one area you need improvement? What is the plan to achieve this improvement?

I need to improve my knowledge on diabetes, the signs and symptoms of hypoglycemia and hyperglycemia specifically. I also need to work on managing my facial expressions and my professional demeanor. I noticed while watching the video my patient said she was seeing a spider on the wall and I started to look for the spider. When I realized the patient was hallucinating, I started laughing. Not at the patient but the fact I was looking for the spider that was not there. I can also work on communicating with my teammates better. The charge nurse had to keep asking me about the findings of the assessment so she could record them. I should have been informing her. I could have had better knowledge of the Firelands

hypoglycemia protocol, I have had to utilize the protocol before, but never with a patient that was NPO.

5. Explain what you will take from this scenario and incorporate in future patient situations:

   I will learn the signs and symptoms of hypoglycemia and hyperglycemia so I can properly teach my patients what to look for and how to correctly manage their disease. I will also review the Firelands hypoglycemia protocol, so I know what to do when a patient is hypoglycemic and NPO.

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

   I knew our patient was diabetic, but I was expecting the scenario to be mainly GI related. Managing the patients NG tube and fluids. As we started the post-op simulation and I was assessing the patient, and everything looked normal related to her GI system it was no surprise our simulation switched gears from GI to Diabetes Management. Our teams main focus went from the patients' GI status to endocrine and neuro status.