

## Reflection Journal Directions:

**Directions:** Review your recorded simulation. Provide in-depth, thorough answers to each of the following questions. Answers should be added directly into this document. Submit your journal to the dropbox for the appropriate simulation scenario (Scenario #1, Scenario #2).

### Responding:

**Discuss one thing you noticed, how you interpreted it, and how you responded. (Ex. I noticed the patient was grimacing. I interpreted this to mean my patient was experiencing pain. I responded with a thorough pain assessment, use of guided imagery, and administered acetaminophen 650mg orally.) Do you feel your response was appropriate? Explain.**

At the beginning of the scenario, it was noticed that this patient was experiencing 6/10 burning pain that radiated up his chest, nausea, vomiting, dark tar like stool, has been taking aspirin every 6 hours for the past two weeks due to a headache, and has a history of PUD and GERD. With this observation, it was interpreted that the patient may have a possible GI bleed. Responding, Morphine 2mg IM was given to reduce pain levels, Phenergan 25mg IM was given to help reduce nausea, and IV fluids were started to keep the patient hydrated since he is currently NPO. I feel this response was appropriate as each symptom this patient was experiencing represents a possible GI bleed, especially with his history, and immediate action is required before the patient's status worsens.

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

Throughout the entire scenario, patient communication remained both therapeutic and professional. Not only was the patient in serious discomfort and pain, but there were several nurses in and out of his room which can add to the stress of a patient. For example, an NG tube attached to low intermittent wall suction was ordered by Dr. Dunbar to help remove some of the gastric content and bleed that was occurring. The patient had never had an NG tube before, and Nurse Nick explained the need for the NG tube and how it can cause quite a bit of discomfort during insertion. Meanwhile, Nurse Devon stayed by the patient's side the entire procedure, held his hand, and even told him that he could squeeze her hand if he needed. With this therapeutic and professional communication from both Nurse Nick and Devon, the patient cooperated and tolerated the NG tube insertion smoothly.

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

While I couldn't pick out a communication example that could use improvement, I particularly took notice to Nurse Devon's use of SBAR while communicating to Dr. Dunbar over the phone. Often times when I use SBAR communication, I forget to repeat the doctor's orders. Devon called Dr. Dunbar regarding the patient's declining BP, BG, and increase in nausea, vomiting and pain. After giving an overview regarding the patient's status using SBAR, Dr. Dunbar ordered D5 NS 125mL/hr, an NG tube connected to low intermittent wall suction, BG reading every 6 hours while NPO following protocol since the patient is diabetic, and consult GI for an endoscopy. After Dr. Dunbar completed her orders, Devon repeated back each order to verify what actions should be done next to minimize any potential error.

**Provide an example of collaborative communication you utilized within your team.**

Shortly after Morphine 2mg IM was administered for pain and Phenergan 25mg IM was administered for nausea, Nurse Nick went to check on the patient to see if his pain and nausea has improved at all. However, the patient stated that his pain increased to a 7/10 and he felt so nauseous that he felt like he was going to throw up. Nick sat the patient's HOB up and gave him an emesis basin to get sick in. After the patient threw up, Nick noticed that the emesis appeared to look like coffee grounds, and he obtained a set of vitals. At this point, the patient's BP had dropped to 94/58, HR 109, RR 22, SpO2 93% and BG obtained by Nurse Lora was 70. Following this assessment, Nick called the charge nurse, Devon, so she could contact Dr. Dunbar to obtain further orders.

**Reflecting:**

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

A teaching need implemented for this patient was regarding the NG tube he received. He had never had an NG tube before and was unaware of the procedure or what it was for, so Devon explained that an NG tube for his situation was essential to help suction out the blood and other GI content that was causing his pain and nausea. Devon also asked him if he has had any trauma to the face or nose in the past that may cause issues with the NG tube as it will be placed in the patient's nares. The patient stated that he had been punched in the nose as a kid but has had no issues.

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

Initially, Morphine and Phenergan was administered for the patient's pain and nausea. Furthermore, expectations changed when the patient's condition worsened rather than improved

after these medications were given. Adjusting nursing care provided involved interpreting that the patient's condition had not improved, and that further orders were needed such as an NG tube and IV fluids to replace the patient's fluids from the vomiting that occurred as well as assist in raising his BG since he is a diabetic and currently NPO.

**Write a detailed narrative nurses note based on your role in the scenario.**

Inserted NG tube per Dr. Dunbar's orders connected to low intermittent wall suction and started IV fluids D5 NS 125mL/hr to assist in patient's fluid status and low BP (94/58) due to loss from vomiting and BG as patient is a diabetic and last BG reading was 70. After initiating IV fluids, BP increased to 105/57. Patient resting comfortably in bed.

**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?**

### **Before**

Hopeful: It was indicated that the patient had a potential GI bleed, but feelings regarding helping this patient was hopeful as the GI bleed was noticed early and actions were already in place to help this patient.

### **During**

Surprised: Soon after indicating pain and nausea in the patient, Morphine 2mg IM and Phenergan 25mg IM was given. Suspecting that the patient's pain and nausea had improved, it was indicated upon follow up assessment that the patient's pain had worsened, he felt like he was going to throw up, and further intervention besides the Morphine and Phenergan was needed.

### **After**

Relieved: After contacting Dr. Dunbar for further orders, inserting an NG tube and initiating IV fluids, the patient was finally able to get some rest. It was relieving to know that the patient was stable, feeling better, and the nursing judgement and action taken place was helping the patient finally find some sort of relief, amidst the discomfort of the NG tube.