

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.

The first thing I noticed was that Mr. Smith moaned while being spoken to. When I started his head-to-toe assessment, he started moaning and stated that he “didn’t feel well.” I assessed his abdomen and Katie palpated to check for rebound tenderness. Mr. Smith then had blood-tinged emesis. A call was made to the MD and new orders were received for Phenergan and Morphine. I raised the HOB to 30 degrees and turned Mr. Smith on his side to keep him from aspirating if he should happen to have another emesis.

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

My communication with Mr. Smith was professional. I addressed him by his name. I spoke clearly and simple so he could understand. Ex: he asked if the Phenergan would hurt. I explained to him that there can be a little burning with the injection, but it would be administered slowly. After injection, he stated that it was just as I explained to him.

Discuss one example of your communication that could use improvement. What did you say? How would you reword this statement? I feel its not what I said but I feel I should have talked to Mr. Smith more. Ask more questions to divert his thoughts during the nausea. I would generally talk my patients to death, asking questions about them and their life, family, etc., and I did not.

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

Katie and I collaborated well. We worked as a team. From assessing Mr. Smith to double checking the morphine dose and wasting the extra together. Also in explaining the medication education.

Reflecting:

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

The one thing I did as teaching for Mr. Smith was explaining to him the reason, I was elevating his head and turning him to his side, to keep him from aspirating on his own vomit if he were to have another emesis. I also explained that he would feel burning during the injection of Phenergan and that both (Morphine, too) would cause drowsiness. Mr. Smith stated that the injection was just as I had described it.

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

I was expecting the worse case scenario, a perforation or bowel obstruction, so I was prepared for either. I was anxious but prepared for something to change emergent. When Mr. Smith “vomited,” I thought I was going to as well. The sound and sight of anyone getting sick, does the same to me. I had to quickly put my thoughts elsewhere so that I would not start gagging. My own guided imagery to an island. I quickly got myself together and was able to focus back to Mr. Smith.

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

Patient is alert and oriented x3. Pleasant and cooperative. VS: 118/68 98.1-85-20 SpO2 98% RA. Bilateral eyes PERL. Hand grasps equal with capillary refill <3 sec. Bilateral lung sounds clear. Abdomen soft and non-tender with hyperactive bowels sounds x4. Pt c/o “ not feeling well.” Pt had a blood-tinged emesis x1. HOB elevated and pt. repositioned to right side. MD notified, N.O. received to administer Phenergan 25mg IM Q 6H PRN and Morphine 2ml/IM Q4H PRN and FBS Q6H while NPO. Phenergan and Morphine administered to ® deltoid. Pt blood sugar 98. IV site to RAC in intact and dressing intact. No redness or pain noted at this time. HOB remains elevated. Call light remains within reach. Will continue to monitor...MGowdy SN, FRMC.

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 to begin!



I've got this. It's going to be okay!



WE DID IT!!!!!!