Hospital Room of Horrors Assignment

Learning Objectives and Outcomes		
Area	Objective	Course Student Learning Outcome (CSLO'S)
Knowledge	Identify actual and potential safety risks at patient bedside environment.	CSLO 1, 2
Skills	Create safe patient bedside environment. Adhere to safety protocols. Implement standards of care for patient safety.	CSLO 5
Attitudes	Value own role in preventing injury/illness	CSLO 3

Instructions:

Silently review the patient environment and the scenario presented. You may walk around the bed and look at the patient, medication list, equipment, etc. You will have 15 minutes to complete this task. Identify as many safety risks in the patient environment as you can and document on this sheet within this chart. In the chart you will identify the safety risks, causes, prioritize them in order of greatest safety risk to minor safety risk, list the responsible party (delegation), and if you need to report the safety risk to another healthcare member. There will be an answer key and discussion when instructed by your instructor. Utilize critical reasoning skills to discuss potential risks that may not be as obvious as actual risks.

Safety Risk	Causes	Priority	Responsible Party (delegation)	Do you need to report to a member of the healthcare team (inter-professional collaboration)
Needle left out on bedside table	Could cause a needle stick	4	RN	Yes, Charge Nurse and nurse caring for patient.
Unattended Medications	How do we know the patient took them or is going to take them? What if there is a narcotic in there?	5	RN	Yes, Charge Nurse and nurse caring for patient.
Bed in highest position	Patient could roll out of bed.	3	RN	Yes, HCT and RN
Pulled out Foley	Possible increased infection, If balloon is still intact, could result from bleeding.	9	RN	RN

No Fall Precautions in place	If patient tried to get out of bed, no fall precautions in place, so no fall mats, if they fall, could result in injury. No non-skid socks, no fall risk band, etc.	11	RN/HCT	RN/HCT
Elevated Pulse	Could throw patient into AFIB or dysrhythmias	7	RN	RN/ Charge/ Stat Nurse/ Doctor
Elevated BP	Could result in Heart Attack or Stroke	8	RN	RN/Charge/ Stat Nurse/ Doctor
No IV hooked up	Not receiving fluids	10	RN	RN
IV Cath just taped on patient	No IV in arm	6	RN	RN
Not Same Name as Patient ID Band and Info on Board	Could be getting wrong information, wrong meds, etc.	2	RN	RN/ Charge
O2 cord wrapped around patient neck, and O2 not hooked up	Patient could be suicidal, if he is supposed to receive O2, he is not getting the supplemental O2 which could result in hypoxia	1	RN	RN

Sharps container is open	Patient could dig into the sharps container and use as a weapon to harm staff or himself.	11	RN	RN/ Charge Nurse

Reflective Activity

What are the major take-home lessons for you today?

Always make sure the patient's name (arm band) matches the chart and patient. As nurses, we need to advocate for our patients. We need to make sure that the patient is receiving proper care and being rounded on each hour. If they are confused, we need to make sure those precautions are in place that we are frequently checking on them. Patients who are confused sometimes, will try to get out of bed or pull out IV or foley catheter. In this patient's case, his bed was in the highest position, and no fall risks are in place which could result in an injury for the patient. This patient could be at risk for stroke or heart attack because of his uncontrolled blood pressure and pulse rate. He also had his O2 cord wrapped around his neck and the O2 cord was not hooked up to the wall. He could be at risk for hypoxia. The major take away is that as a nurse, I need to advocate for my patient and keep them safe. If they are confused, I need to make sure that the patient has restraints or mitts if needed. I also need to involve the health care tech, and provider and unit nurse leader to also keep this patient safe as well as advocate for this patient.

How did this experience change your view of preventing risks?

As a nurse, I need to be inspecting the room when I admit the patient. If I am taking over for another nurse due to change of shift, I need to make sure that I am scanning the room and if certain precautions are not in place, I should make sure those precautions are in place (if I am able to without an order). If there is an order that I need from the provider, I need to make sure that I am contacting the provider to make sure proper precautions (such as mitts or restraints or a

new IV, or foley) are being ordered so that the patient is properly being cared for. Also, if the patient has a high pulse or blood pressure, I need to make sure the provider is notified and that if these are not controlled with medications, that the stat nurse is also notified so they can also make sure they are watching the patient as well incase a code needs to be called. As a nurse, it is my responsibility to care and advocate for that patient. It is my duty as a nurse to keep the patient safe from harm as well.

(Grading Criteria)

Points	If…
5	The student found all 10 actual safety risks in addition to identifying potential safety risks in the patient environment.
4	The student found all 10 actual safety risks but did not identify any potential safety risks in the patient environment.
3	The student found 7-9 actual safety risks and/or potential safety risks in the patient environment.
2	The student found 4-6 actual safety risks and/or potential safety risks in the patient environment.
1	The student found 1-3 actual safety risks and/or potential safety risks in the patient environment.
0	The student did not find any safety risks in the patient environment.

Prioritization/Delegation/Communication Chart

__ **Points out of 5 Total**

Reflective Essay

__ **Points out of 5 Total**

Debriefing

Did student actively participate in debriefing by reflecting and discussing experience?

Yes: 5 points

No: O points ▪️

TOTAL POINTS   **20**   _____

Hospital Room of Horrors: Post Exercise Evaluation (Likert scale 1-5, least to most)

1) I feel prepared to diligently watch for patient's safety and quality of care.
   1   2   3   4   5

2) I have improved in my ability to synthesize nursing theory and content to the clinical setting as a result of the "Safety Day Simulation" exercise.
   1   2   3   4   5

3) Debriefing with faculty provided an opportunity to self -reflect, which improved my knowledge, skills, and attitude/confidence.
   1   2   3   4   5

4) Faculty was prepared and facilitated enhanced learning during the debriefing period
   1   2   3   4   5

5) I recommend the continuation of "Safety Day Simulation" and feel it is a valued learning experience.
   1   2   3   4   5

Suggestions: