

The most difficult part for me was knowing the exact time of administration of the drug and seeing if it was administered correctly. Most of the drugs in the patient I saw earlier were not able to be administered after the practice or due to the patient's rejection. So I couldn't administer the medicine to the patient this week. The time to give the medicine was also slightly different from the record.

The biological concern is whether a patient can ask someone for help when she has to walk alone. The patient talked a lot with the social worker, but she seemed to be worried about the cost. I hope the patient can continue to receive physical therapy.

The most accomplished part was communicating with the patient a lot. Some patients were not easy to communicate, but the patients I saw this week were easy to communicate with. The patient was able to elaborate on what his discomfort was like. And through conversation with the patient, I was able to know quite accurately what to help and what to do with the patient. The patient loved communication and was able to learn how important communication was.

The technique I used was to check the Braden and Fall risk scores. The patient was very likely to fall and had a past of falling. So, through this confirmation method, we could see in great detail what factors were needed. I could see what equipment the patient needed to walk. And the patient's condition was confirmed through the patient's lab record. I learned how to read value through Lab value. So I was able to analyze which parts of the patient were weak and strong.

Future plans and interventions for this patient are to prevent leg pain and fall. The best plan is to increase muscles and develop the ability to walk through periodic physical therapy of patients. And I should educate patients that they must inform the staff when they want to move. It should be educated how to move and what muscles to use to prevent falls.

The nurse assigned to this patient and assistance learned how to empty the urine bag. The nurse informed which medicine the patient refused and informed the patient's psychological status in advance.

The same classmate and instructor told me what to check intensively and how to deal with patients more easily and without difficulty through appropriate questions. Instructor told me exactly what to do when I try to make a mistake about bed height.

I don't want the patient to fall any more. I said I lost my mind when I fell down at the bus stop. I hope that such an experience will not frighten the patient of walking. Falling is a big concern for older people. I hope the patient recovers his legs quickly and walks safely.

“I've told you all this so that trusting me, you will be unshakable and assured, deeply at peace. In this godless world you will continue to experience difficulties. But take heart! I've conquered the world.” (John 16:33, MSG).

I saw a patient afraid to walk when undergoing physical therapy. If the patient believes in himself and has courage, she can overcome weak legs and fear and recover from walking. And I want to help the patient walk next week.