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### Journal 3 (vSim)

This week, I had a simulated case scenario with a pediatric patient named Eva Madison. From this simulation, I could initiate the actual nurse's performance. Eva's head-to-toe assessment showed that she was at risk for fluid volume deficit due to vomiting and diarrhea, as evidenced by reduced output, prolonged capillary refill, dry mucous membranes, and oliguria. I developed a care plan focused on rehydration and continuous reassessment. I followed all standard procedures for intervention, including washing my hands and identifying the patient and her relative, as Eva is below 18 years old. Her pain using the FACES scale was 6/10. I checked her vital signs, allergies, and evaluated her IV site, and flushed before starting a 1000mL IV infusion of D5 in 0.45%NS at 50mL/hr. After this, I re-evaluated Eva's vital signs, mucous membranes, and pain level, asking if she needed any pain medication, which she did. Following standard checks and procedures, I administered 228mg of acetaminophen rectal and 2.3mg of ondansetron IV. Eva reported feeling better. As ordered by a physician, I collected Eva's stool and urine specimens and sent them to the lab. I then proceeded to educate Eva and her relative about her condition. I provided discharge instructions, including proper hand hygiene, diet progression, and contact isolation precautions. Specifically, I emphasized the importance of avoiding fatty, fried foods high in sugar and certain drinks like soda, fruit juice, caffeinated drinks, or sports drinks, which can irritate the stomach. I also instructed the patient and her relative to sing a familiar song for 15 seconds while washing their hands.

Throughout the simulation, I felt nervous and excited. The simulation environment made it less stressful than a real-life medical situation. It also gave me more time to try out some interventions I might not have in real life. Overall, I felt blessed to have had the opportunity to experience clinical practice in a safe and controlled environment.

Reflecting on Eva Madison's case, I realize that there were a few actions that I could have done differently. For instance, I could have built more trust with Eva's mother, who seemed very anxious and provided minimal information during the health history interview. Furthermore, given that gastroenteritis is caused by an infection from contaminated food or water, I could have provided more education on the possible disease recurrence and the necessary measures to prevent it. Despite these areas for improvement, the knowledge and skills I acquired during the simulated patient care scenario will serve me well in actual patient care situations. Specifically, I learned the importance of adhering to standard procedures, communicating clearly and effectively with the care team, advocating for my patients, and regularly updating care plans. By applying these lessons, I am confident that I can provide the best possible care for my patients in the future.

“because we know that the one who raised the Lord Jesus from the dead will also raise us with Jesus and present us with you to himself. All this is for your benefit, so that the grace that is reaching more and more people may cause thanksgiving to overflow to the glory of God.

(2Corinthians 4:14-15)”

We believe in the resurrection of Jesus, and God who did that said he will raise us up too. I am grateful for the opportunity of using the vsim and hope to apply the learning to the real world in the future.