

Feeding Stroke Patients

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NURS-2522 Section 14

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University of Windsor

Student statement: By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

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Student Number: 110007510

Date: September 28, 2020

Category	Satisfactory	Unsatisfactory	Student Reflection (must be typed)
<p>Look Back (L)</p>	<ul style="list-style-type: none"> • Identifies ONE relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences. • Describes this ONE clinical event so that the reader can gain an understanding of what occurred. • Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience. 	<ul style="list-style-type: none"> • Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity. • Does not provide own feelings related to the clinical experience. • Identified event, experience, or learning opportunity is not relevant to clinical practice. 	<p>On September 28, I had to feed a stroke patient who was paralyzed on the right half of his body and was also non-verbal.</p> <p>After changing the attends on this patient, the patient’s nurse asked if I could assist the patient to eat his lunch. Due the patient’s condition, the patient would not be able to assist at all except by opening his mouth and swallowing.</p> <p>Although I was very enthusiastic about assisting since I had never done so before, I quickly realized I had not asked the nurse enough questions before entering. I wasn’t sure if I was allowed to give the patient liquids to wash down his food (he was on a pureed diet) and I didn’t know when to stop feeding the patient because he was nonverbal and could not tell me himself. I felt scared that I would accidentally do something wrong. Thankfully, I found ways to communicate with my patient. When I placed the spoon on my patient’s lips, he understood that this meant he had to open his mouth. I watched him chew and only continued once he swallowed fully. When the patient was fully, he made noises when I tried to feed him, which I interpreted as rejection.</p>
<p>Examine Experience (E)</p>	<ul style="list-style-type: none"> • Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article). • Briefly summarizes key ideas/findings of the article. • Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation. 	<ul style="list-style-type: none"> • Does not incorporate a scholarly article. • Summary of the key ideas/findings of the article are not included. • No explanation of the author’s ideas/thoughts compared/contrasted with own. 	<p>The article I found discusses the possible health risks associated with nutrition in patients who have had strokes. Wirth et al. explain that patients who have had strokes tend to have difficulty swallowing (dysphagia), and as a result are at risk of aspiration (2013). The authors also noted that difficulties associated with feeding after a stroke tend to result in decreased nutrition. The recommendations made were: trained personnel should assess the patient for dysphagia as soon as possible and repeat the assessment consistently if the patient does show to have difficulty swallowing, nutritional assessments should be performed regularly on the patient, and alternative feeding options such as feeding tubes should be considered if favorable for the patient (Wirth et al., 2013).</p> <p>I agree with the authors’ point of constantly assessing the patient. Performing multiple assessment provides guidance for what the necessary nursing tasks are. The results of the assessment may also change which would require the patient’s care to change as well. As for the topic of feeding tubes, I have to admit that I am not knowledgeable in the topic; however, from my limited understanding, I would disagree with trying to put the patient on a feeding tube. I think maintaining the patient’s level of autonomy and dignity as much</p>

Reflective Journal Rubric

			<p>as possible after a stroke is a high priority. If there is no safety risk with assisting the patient to eat orally, I think it is better to stick to that route to build up the patient's self-confidence.</p>
<p>Appraise and Analyze (A)</p>	<ul style="list-style-type: none"> • Discusses at least two other people's ideas/opinions/perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.). <p>**A reflection graded as <i>excellent</i> would also include the following:</p> <ul style="list-style-type: none"> • Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians). • Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things). • Poses questions that should be considered due to their significance to nursing practice. 	<ul style="list-style-type: none"> • No other perspectives are discussed. • Only one other perspective is discussed 	<p>The family and the patient may be worried about the risk of choking when feeding post-stroke. This may result in less feeding times to avoid the risk altogether; however, this poses the new risk of malnutrition for the patient (Wirth et al., 2013).</p> <p>The interdisciplinary team may also place the patient's nutrition status over the patient's level of autonomy and dignity. This is something that needs to be balanced. A feeding tube may be a safer option for a patient, but if the option to feed orally is available, it may help the patient gain confidence.</p> <p>In nursing and the healthcare field, the risk of aspiration is taken very seriously. It is taught in various situations and trainings. For example, in CPR training, healthcare professionals are taught to put a patient in recovery pose in case they vomit to reduce the risk of choking.</p> <p>This situation made realize how important the nursing process is in care. I went straight to the implementation phase without assessing the patient or creating a plan for care. Although it was only feeding, I learned that even a small mistake in it can create bigger problems for the patient.</p> <p>Questions that should be considered when providing care to any patient include: what is my patient's level of consciousness and orientation, is my patient at risk of aspirating, and have I assessed every possible aspect of my patient that I can?</p>
<p>Research and Revision (R)</p>	<ul style="list-style-type: none"> • Provides summary of learning from this clinical experience and from the article findings. • Identifies what they could have done differently in this clinical experience. 	<ul style="list-style-type: none"> • Summary not provided • Does not identify what they could have changed about their own role/actions/performance in this clinical experience. 	<p>I learned that a thorough assessment of the patient should be performed multiple times after a patient has had a stroke to determine the possible risks that may develop. From my clinical experience, I learned that I should ask the nurse about these assessments before agreeing to provide care to the patient.</p> <p>Instead of doing what I did, I could have asked to shadow the nurse the first time to get an idea of what it is like to feed a stroke patient. I could have asked my questions while observing. Although I used critical thinking to determine what safety precautions I should take, there was still a risk of making a mistake when feeding the patient.</p>

Reflective Journal Rubric

<p>New Perspective (N)</p>	<ul style="list-style-type: none"> • Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse. • Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.). 	<ul style="list-style-type: none"> • No specific examples for implementation into future practice are incorporated. • Does not identify a nursing resource to assist with learning 	<p>In the future, I will know to fully assess my patient’s abilities before I proceed with feeding. Even if they aren’t a stroke patient, other conditions may inhibit their level of consciousness and ability to eat on the own safely. I will check to see if the patient is A&O*4, able to speak, and able to swallow before I feed them.</p> <p>A nursing resource that will help me develop this aspect of practice are the CPEs on feeding posted for our Experiential Learning Lab. I can also find additional information in the Canadian Fundamentals of Nursing textbook.</p>
<p>Concept Identification</p>	<ul style="list-style-type: none"> • Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year) <p>(critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics)</p>	<ul style="list-style-type: none"> • Does not identify and/or describe related curricular concepts that relate to the experience/reflection. 	<p>Safety – knowing about aspiration risks in stroke patients can help minimize errors in safety because the nurse can take appropriate precautions, such as raising the head of the bed while the patient eats, to reduce such risks.</p> <p>Evidence informed decision-making – members of the interprofessional care team can recommend alternative treatments to increase the safety of the patient. Recommendations like feeding tubes can be backed up by articles that prove their efficacy.</p>
<p>References and APA Format</p>	<ul style="list-style-type: none"> • Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format. • Title page in correct APA format • Reference in correct APA format 	<ul style="list-style-type: none"> • Incorrect APA format throughout reflection • Incorrect APA format on title page • Incorrect APA format for article(s) and/or other sources. 	<p>Student Reference(s) in APA Format: Wirth, R., Smoliner, C., Jäger, M., Warnecke, T., Leischker, A., Dziewas, R., & DGEM Steering Committee (2013). Guideline clinical nutrition in patients with stroke. <i>Experimental & translational stroke medicine</i>, 5(1), 14. doi:10.1186/2040-7378-5-14</p>
<p>Grade:</p>	<p><input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent</p>	<p><input type="checkbox"/> Unsatisfactory</p>	