**Cellulitis**

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NURS 3632-32

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**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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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back**  **(L)** | * 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. | * 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. | I had the opportunity to observe a biopsy with my patient. She has cellulitis on her upper arm and mid-axillary area. The experience made me realize that the treatment to cellulitis is not as simple as I previously assumed (antibiotics, topicals, dressings), but also requires a level of testing and diagnostics. |
| **Examine Experience**  **(E)** | * 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. | * 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. | The article I found discussed the epidemiology, clinical presentation, and management of cellulitis. Bystritsky (2021) explains that cellulitis is an infection of the dermis and subcutaneous fat and is more common in individuals with a history of cellulitis/wounds/ulcers, lymphedema, venous insufficiency, and obesity. Some of the common signs and symptoms patients present with include redness, swelling, tenderness and warmth around the site. An interesting point she makes it that biopsies and testing is not usually performed since it is unreliable and unnecessary (Bystritsky, 2021). This makes me wonder why my patient had the procedure, despite it not appearing to be a severe case, as evidenced by her discharge from the hospital the next day. It is possible that the test was performed to rule out more severe infections. Bystritsky (2021) explains that because there is no one specific organism that causes cellulitis, treatment can vary; however, penicillin and amoxicillin tend to work best. |
| **Appraise**  **and**  **Analyse**  **(A)** | * 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.).   **\*\***A reflection graded as ***excellent would also include the following:***   * 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. | * No other perspectives are discussed. * Only one other perspective is discussed | Cellulitis may seem like an intimidating diagnosis to care for most nurses due to the appearance of some cases or the complex orders that may be associated with their treatment. Some nurses may feel as though the care of such cases should be assigned to someone like a wound nurse who specializes in such situations.  From a nursing perspective, there is a lot of talk about cellulitis in relation to IV complications. While it is important to promote caring for IV sites to reduce cellulitis or other complications, it is equally important to note that that is not the only cause of cellulitis. I think more focus and questions should be asked about how to prevent non-IV related cellulitis in patients on top of what is already being done.  This event challenged my status quo as it was the first time I had seen diagnostics being done on a patient with cellulitis. I had only previously seen suspected cellulitis from IV complications that had physical assessments before officially being diagnosed. |
| **Research**  **and**  **Revision**  **(R)** | * Provides summary of learning from this clinical experience and from the article findings. * Identifies what they could have done differently in this clinical experience. | * Summary not provided * Does not identify what they could have changed about their own role/actions/performance in this clinical experience. | I learned more about the care revolving around cellulitis. I think I should have inquired further into why my patient was receiving the test. Clearly there was some rationale behind it as she had many scheduled tests that day (ultrasounds, CTs, etc.), so the reasoning may not have been directly related to cellulitis. |
| **New Perspective**  **(N)** | * 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.). | * No specific examples for implementation into future practice are incorporated. * Does not identify a nursing resource to assist with learning | This knowledge will help me with my assessment of patients. If I notice these signs and symptoms with my patient, I may consider cellulitis as a possible condition they may have. If I notice pustules, I can implement techniques to help facilitate drainage, such as elevating the affected limb (Bystritsky, 2021). Dermatology-specific resources (including journals) can provide more information on skin-related disorders and their treatment. |
| **Concept Identification** | * 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)   (critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection. | Know-based practice – understanding cellulitis and its implications to care  Health teaching – discussing care after discharge with my patient  Safety – preventing complications and discomfort for the patient |
| **References and APA Format** | * 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 | * Incorrect APA format throughout reflection * Incorrect APA format on title page * Incorrect APA format for article(s) and/or other sources. | **Student Reference(s) in APA Format:**  Bystritsky R. J. (2021). Cellulitis. *Infectious disease clinics of North America*, *35*(1), 49–60. https://doi.org/10.1016/j.idc.2020.10.002 |
| **Grade:** | **□ Satisfactory □ Excellent** | **□ Unsatisfactory** |  |
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