Self-reflection on drug round in nursing

The Nursing Midwifery Council (2008), discussed all nurses must work within the codes of conduct, I have a duty of care to all patients who are entitled to safe and competent care. Freshwater and Rolfe (2001), deliberated reflection is a vital tool in learning opportunities and by engaging in reflecting, patient care will improve, also knowledge and skills to be a component nurse. Hawatson-Jones (2016) discussed reflection allows the practitioner to recognise strength and weakness, aiding the nurse to contemplate new strategies and prevent errors. Bagay (2012) Nurses participate in lifelong learning using reflection as a vital learning tool. I have decided to use Gibbs Reflection model (1988) to demonstrate my knowledge as it helps me describe the events, my feelings, evaluate the events, analyse, conclude and develop an action plan. Consent is not needed as no patient name will be used.

I will draw on my experience performing the drug round as this is a vital aspect of nursing care. I will draw on my experience performing the drug round as this is a vital aspect of nursing care, this was performed under the supervision off my mentor who is accountable for my actions. I will focus my essay on human factors of drug errors.. Duffy (1995) stated drug management is an essential component of the nurses duty, therefore plays a fundamental role in intercepting any drug errors as they administrate the drug to patient. Also, Agyemang and While (2010) reported dispensing medication on wards is the final stage of drugs process therefore nurses need knowledge of drugs, interactions to prevent mistakes occurring as preventing patient harm is paramount Dougherty *et al,* 2015).

The first cycle of Gibbs Model is to describe the events, I had been working on the ward performing the drugs with my mentor for four weeks, I was second checking all medication with her administering it to the patient and waiting whilst the patient took their medication. Feeling confident carry out this duty, my mentor and I had a discussion about me performing the drugs round the next day, her rational was that she wanted me to be prepared for this duty, I was excited about this prospect as it meant she had faith in me.

The second cycle of Gibbs model is my feelings, the ward was busy but that is not abnormal. It was 18. 00 hours when my mentor asked me to start to prepare for this duty. I could feel my hands start to shake, became sweaty my mouth was dry I could hardly speak and my heart was beating so fast I could hear it. Nevertheless, I realised this was something I would need to overcome to be a competent nurse. Realising this was a natural response because of the biological and emotional imbalance in my body. Stress is mainly a physical response the body feels threated releases different hormones and substances for example cortisol, adrenaline and norepinephrine is flowing through my body which switches on ‘ fight or flight’ response (>>>>>>). Smith and Fawcett (2011) proclaimed performing under optimal stress is good for carry out new duties as I am aware of my surroundings and the task I am performing.

The third cycle is the evaluation I did feel I performed this duty well, I was aware of the time it took me to carry out this task, checking patient wrist bands and confirming date of birth as ensure correct patient right medication. Also, Torjesen (2014), noted drug errors cost the National Health Service (NHS) approximately 2. 5 billion many faults are avoidable. Finlayson

et la (2002), noted the NHS is struggling to employee nurses, this shortfall means staff feel under pressure to carry out all their duties before the end of the shift. In spite of this the NHS continually advocate patient safety despite nurses working shift patterns of 13 hours (Ball *et al* 2014). I discussed I felt guilty about the length of time it took me, she explained she would be concerned if I rushed this duty and patient safety was comprised.

The fourth part of the cycle is analyse nursing has always been about taking care of the sick preventing harm even though the enormity and significance of a drug error could result in serious injury or possible death, loss of trust and confidence when my passion is to care for patients (2009). Tully (2012) noted many doctors handwriting is under readable e prescribing is one way to prevent drug error this is linked up electorally to the patients' medical records enabling doctors to review medication thus preventing drug errors. However, this does not count for human error. Likewise Verweij *et al* (2012) highlighted drug errors were reduced when nurses wore a red tabard with saying do not disturb allowing nurses to carry out the duty without interfering reducing mistakes, specifying the tabards are an essential tool for nursing to have. Understanding why my body reacted the way it did is a normal process and with experience and confidence of the drugs round this will improve. Performing this duty has made me realise the duty is more than giving the patient the correct medication it is about ensuring the patient takes the medication in front of me. I do need more knowledge of the vast amount of drugs in the hospital setting and this is something I will constantly study.

To conclude

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