

Covenant School of Nursing Reflection

Today, I had the wonderful opportunity of shadowing a nurse in the Surgical Intensive Care Unit at Covenant Hospital. We were able to take care of two neuro patients; one of which I focused my critical thinking learning and care on. This particular patient was an elderly female with the diagnosis of a subarachnoid hemorrhage who was intubated on a CPAP and Pressure Support Ventilator with minimal to no neuro response to stimuli or voice commands. I played the role as an active learner as I tied in critical care concepts, medication administration/skills, and therapeutic communication techniques to assist in her care and soak up all the education I could out of my nurse.

At the beginning I was a little apprehensive taking care of an intubated patient because it was my first time being hands on with an individual in this state with a ventilator. With the patient's daughter being at the bedside I felt saddened when I watched her try to get her mother to respond to her voice and have her squeeze her hand to which there was no response. The most important emotion I felt at this time was empathy; I tried to put myself in her shoes alongside my nurse and in doing so I think we were able to compassionately respond to her questions and concerns. Furthermore, the doctors came in and concluded that they would give the patient about 48 more hours to get better and if not they would extubate her. What was easy about this event was that the patient had made it very clear she never wanted to be controlled by a ventilator prior to developing this hemorrhage.

As I previously learned in end of life care, families react to withdrawing from treatment differently from others based on a variety of factors such as expectancy of death and prior arrangements established before a health decline. In this situation the family knew the patient's wishes and were able to find peace in the final outcome regardless of how hard it would be. Broader issues could have arisen if there wasn't a plan of care in place set by the patient and her family. The health care team could have allowed the family to make alternative decisions on her behalf in which other health related issues could have occurred such as ventilator acquired pneumonia and emotional burden providing care by the family.

From this experience I was able to learn the different medications and its uses, how to manually suction and provide oral care on a real patient, and refreshed my skills on working with NG tubes and secondary lines. The big take away I had from this experience was absorbing the therapeutic communication techniques the staff was using in discussing treatment and care to the patient's daughter. It was a healthy reminder that holistic care is essential for the patient and family members alike. Care does not end at administering medications and documenting. It is absolutely vital to provide compassion and communicate in a loving way in order to promote the best possible outcomes.