

Covenant School of Nursing Reflection

It was stated in my patient's history, she previously had corona virus in October and had recovered from it. However, a month later the patient came back to the hospital on the 12th of December for a cold ischemic left leg. She was rushed in for an emergency angiogram and they found that she had several arterial DVTs. After the PCI where stents were placed the medical team had my patient on TPA therapy to break down other clots in her left leg. On the morning that I came on for clinical, my patient was throwing up sudden. It was a sudden onset of nausea and vertigo which lead to her throwing up.

The patient said she felt fine the previous day and her nausea and vomiting happened all of a sudden. As I was in the room to help assess her, I did not know why she would be having such symptoms. I thought to myself that the main concern how is to help treat her symptoms before she aspirated. I immediately went over to the side cart and grabbed an emesis bag just incase she did throw up. When she did eventually throw up, I felt glad she was able to relieve herself in the bag and not on herself or end up choking on the vomit.

At that same moment, my nurse came after speaking to the hospitalist and nurse practitioner with an antiemetic. Take care of her symptoms was relatively easy because she was able to throw up and medication was administered. We continued to monitor her situation as the medication worked in her system. An hour later we saw her throw up again. This time we asked for another dose of antiemetic. We gave it to her and continued to monitor the situation. She eventually stops throwing up and feel asleep. When the specialist came in, he wanted her to get an MRI to make sure that the emboli did not end up breaking off, floating up into her head and caused a CVA which they said may have caused her nausea and vomiting. They wanted to rule out a stroke, which came back negative for a CVA.

What I learned from this situation was to apply more thought to the causes and symptoms that appeared in my patients. I did not think that an embolus could have caused my patient the have nausea and vomiting. With the symptoms gone we where able to give her oral medications for her Afib. In this situation, I learned that I should be able to rely on my knowledge when taking care of a patient. If I do not know or understand what is going on, that it is okay for me to ask my peers and attending physicians as the healthcare team to help treat my patient.