

Looking back on my preceptorship, I definitely get to experience what it really feels like to be a nurse. Being on 10 days – 12 hours shift, I see and did a lot of things. The new things that I experienced in the unit are orthostatic blood pressure; CIWA assessment – I learn and saw this before in a psychiatric facility that we went on Module 6, but I never done it myself on a patient; telephone report; Chain of Command; elopement of patient and what to do; posey vest restraints; gangrenous toe; seeing blood transfusion; and taking care of different type of patients – ortho, urology, alcohol/drug abuse, etc.

A lot of things happened on my preceptorships during spring break, and I also saw the continuation of care throughout the same patients that I take care of. It is easier to take care of them in the second shift that you have them because you already know what's going on and what they are like. For instance, we had a patient that wants her pain medications in a schedule that she wants and the way that she takes it at home, which is frequently and most of the time. My preceptor explained to her that she could not take it yet because it is not time yet and also her blood pressure is low. The charge nurse and doctors are in and out of the room, changing orders, explaining, etc. That day, we also had a patient that elope. Another example, this patient has been on the unit for weeks. I saw him a lot because he is on fall precautions, he has a tele sitter on, and he keeps on standing up on his own. We got him as our own patient, and they put him on a posey vest restraints because he keeps getting up and he is confused on and off. He doesn't like restraints and we heard that he destroyed the bed alarm that is on the wall, he closed the door, and barricaded it the evening that we got him as a patient. That day, we also have another patient that is on tele sitter, but she is not like him that gets up every time. She is deaf/mute, and it is hard to communicate because I do not know any sign language, but I tried my hardest to communicate on paper.

Overall, I enjoyed my days in South 8. It was hard at first – probably because it was chaotic because there were other students, and I did not really get properly introduced to the unit, but I get used to the things that needs to be done. I know I need to speak up louder and one of the things that I am scared of when I start as a graduate nurse is knowing what intervention to do when something happens or what to say when patient ask a question. As a student, I can always say that I can ask my nurse about it but when I am the actual nurse, I'm scared like "how would

you know all of this” but at the same time, I feel like it comes with experience. Just be confident too because I know sometimes the answer, but I feel like I want to check it first with my nurse rather than saying the wrong thing when a patient asks.