

Covenant School of Nursing Reflective

Use this template to complete the Reflective Practice documentation. Do not exceed the space in each box. Any information not visible to you is lost.

<p>Step 1 Description</p> <p>We took a tour of the EMU on HC5 today with the instructor and she gave us a run-down of how it operates towards the end of clinical today 10-13-21. We stood behind the monitors watching the EEG wave lengths and the tech played us a video of previous seizures that they have recorded. As we were watching the recordings, one of the current studies being done started to exhibit seizure like symptoms. The mother was staying with patient during the study and was talking with the tech. The nurses came into the room to help the patient and she was so afraid. Telling her mother that "they were coming to get her" and tried to climb out of bed.</p>	<p>Step 4 Analysis</p> <p>I can apply my knowledge from what we learned of seizures in my instructor's lectures because it was covered in our first week of class. It was good to be able to see the manifestations firsthand. From what we learned about psychogenic seizures, it can be caused by emotional or physical abuse and/or a specific traumatic event. That is why we all wondered in the room if she had some type of traumatic event.</p>
<p>Step 2 Feelings</p> <p>I felt so sad for the patient and the mother. The patient couldn't comprehend that her mother and everyone else were there to help her. I couldn't imagine being in either of their shoes. We discussed that maybe she had some type of trauma in the past that caused this reaction, and it was her coping mechanism. There were no spikes, so it was not an epileptic seizure. To all of us in that monitoring room, it looked like a real epileptic seizure.</p>	<p>Step 5 Conclusion</p> <p>The tech had to ask the staff in the room to try to avoid getting in front of the camera so that they could record every action that the patient made, but when you are in that situation, I can see how it would be difficult to protect your patient and be aware of the study camera. I learned from this event that even if a patient is not having an epileptic seizure, that the seizure is still very real to the patient. They still have epileptic seizure like symptoms that must be treated to improve their quality of life.</p>
<p>Step 3 Evaluation</p> <p>The good thing was that they were able to catch this activity and had good recordings to give to the physician to evaluate. It is bad that the patient has been dealing with this for who knows how long, and it not only affects her, but also her loved ones. I was expecting it to be an epileptic seizure. I wish I could have helped with the situation.</p>	<p>Step 6 Action Plan</p> <p>Overall, the situation made me sad, I even shed a few tears. I was glad to experience it though it helps me have more compassion for these patients because you have heard people say, "oh they are faking it for the medications". That's not the case, like I said, these seizures are very real to the patient and can compromise their quality of life. This has taught me that you cannot make assumptions regarding your patients. We are not there to judge; we are there to help our patients.</p>

Covenant School of Nursing Reflective