

Sarah Torres – Final Clinical Reflection

Being able to complete my preceptorship with a staffing nurse was an amazing experience. I was able to complete clinicals in the Pedi ED, Pedi Floor, NICU, Antepartum, and PICU. I gained new experiences and saw different types of patients in each area. Initially, I was a little concerned that every time I was on a new floor, I would feel like I was starting all over in a student role and would not be able to take on the role of the total patient care nurse. However, I went to PICU for the first time on my 9th and 10th shift and found that I was easily able to take on the nurse role after a quick orientation to the floor. Reflecting on this experience, I have found that staffing helped me become a more adaptable nurse. I feel that as I begin my new job, I will be comfortable with floating to other floors when needed. I found that I was able to apply skills learned from each floor to adapt when in a new situation. For example, I have found that I liked the time management system from the Pedi floor best for my own organization of care for the day and I think that planning cares in NICU helped me think about everything I need before going into a patient's room on the other floors that I was on as well so that I was giving efficient care throughout the day.

One of my experiences in the PICU stood out to me as a significant learning opportunity and I have been reflecting on it a lot myself to consider how I can use this experience to improve the care I give in the future. On my first day in the PICU, I had a patient with MIS-C, a post-COVID illness that can occur in children. When assessing my patient, my nurse and I found that she appeared very healthy compared to other MIS-C cases in the PICU. The mother mentioned that she thought that the child's skin was a little different color than normal and that she thought she looked a little swollen. My nurse and I reassessed the patient. She had naturally tanner skin, but when I assessed her sclera, both eyes were white and clear. The child was overweight, and we could not see any evident swelling. She was on room air and her lung and heart sounds were clear and even. Other than complaints of a mild stomachache, the patient appeared happy and showed improving health.

However, the next morning when receiving report for this same patient, the night nurse explained that the patient had taken a turn for the worse around 0300. Now, the patient was on 2L of oxygen via nasal cannula and was getting labs drawn and an echo done during the day shift. Upon assessment of the patient, we found that she now had shallow breathing and appeared to have some generalized weakness and a distended abdomen. She had been started on albumin before we got there, and it was currently going in the morning while we did our assessment. In the creation of my care plan for the patient, I determined that we would get her an incentive spirometer and have her ambulate later in the day. While I was documenting hourly vitals for the patient, I noticed that her heart rate was getting progressively slower. While it was in the 90s-100s the previous day, it was now consistently staying in the 55-60s range throughout the morning with an irregular spacing of heartbeats seen on the monitor. I called the doctor and explained my concern with her bradycardia as well as recommending Lasix to follow the albumin and address the fluid retention and low urine output the patient was experiencing. An EKG and Lasix were ordered for the patient and the Lasix helped the patient get rid of excess fluid significantly. The cardiologist called back and determined the EKG looked normal, so we

continued with our care plan of ambulating the patient to help her lungs but emphasized with the physician again about our concern with her low heart rate and slightly irregular heart rhythm.

In the late afternoon, the physician called back again and said they reviewed the Echo from the morning and now saw that the patient had pulmonary hypertension and a potential pulmonary embolism. She was scheduled for a STAT CTA. We immediately got her ready and took her down for the CTA. By the time we brought her back up, it was shift change. We passed along the information that we had so far for the patient, though at this time there were several unknowns on next steps for the patient's care.

In reflecting on this situation, I wonder if we caused the patient harm by encouraging her to ambulate when she had a potential pulmonary embolism. I also keep thinking about if I should have been more assertive in advocating for my patient when I was concerned about her heart rate and if that would have resulted in earlier identification of the pulmonary hypertension or need for a CTA. I did not see any swelling or jaundice in my patient, but the fact that her mom said something should have been a red flag for me the day before, and after this experience, I will put a lot more value into what the patient's parents note as they know the baseline of their child best. In speaking with my nurse, we had agreed on our assessment findings, so I am not sure what we could have done differently to get this patient care faster, but I have a gut feeling that something should have been different for this patient. With getting the echo results so late in the day, the hand-off report felt confusing and like I was passing off an incomplete report to the next nurse as we had so many unknowns regarding the patient's status moving forward.

Regarding my personal growth, I was proud of myself for communicating with doctors, the PICC team, child-life, and several others to coordinate care for this patient throughout the day. I felt like I took initiative the entire shift to advocate for my patient with confidence and felt sure in my assessment and concerns. On this day, I also had two other ICU patients, one of whom also had very time-consuming care. At times I found the time management between the patients slightly overwhelming, but in talking through the care with my preceptor I felt we were able to ensure that each patient got the time and nursing care that they needed.

Moving forward, I hope to continue to be a better advocate for my patient and follow my instincts when I am concerned to raise more questions and get them addressed quickly. I learned a lot in this experience about prioritization and time management as well as coordination of care between multiple care providers. It was helpful to me to have my preceptor and charge nurse to discuss and plan care with as the patient's status was quickly changing, and I saw the importance of including the entire care team in planning around patient needs. I am thankful for the experience and the support of the nurses around me on each of the floors I was on and will utilize the different skills learned on each unit to continue to grow and become the best nurse I can be for my patients.