

Midterm Clinical Reflection

Clinicals through module 8 has been a completely different experience than the other modules. There has been a different level of independence, one I feel like is necessary for us to really learn how it'll be during our orientation period after graduation. I have learned so much during my time in the OR, I even accepted a position within the department. This is a different side of nursing that we don't learn a whole lot about in nursing school. One huge part of the job of a surgery circulator is to make sure all of the anesthesia and surgical consents are signed, and the patient understands what's happening and generally how it's going to happen. Also, what the potential side effects or negative events that can occur due to or during surgery.

On one of my clinical days my preceptor was showing me around the orthopedic surgical hall, while walking passed one OR where they had already moved the elderly patient back to her hospital bed after a below the knee amputation, but she just didn't look right. Both my preceptor and I had the same thought because she asked the anesthesiologist in the room if they needed anything, and she replied with "we can't get a blood pressure", so my preceptor asked if she needed some vasopressors and she kind of half answered with "that might be a good idea". My preceptor took off to the pharmacy to get some vasopressors and brought them back to the room, we walked away for a minute knowing the patient wasn't fully stable. My preceptor walked to the crash cart, touched it and told me to get ready to grab it. We walked shortly down the hall where we saw another anesthesiologist and informed him on the situation and he went in to assess the situation, we also informed a few other members of the higher up staff. We went back in to the room where my preceptor decided to go ahead and start compressions, we performed a full code on this patient for around 25 minutes until, I believe, the anesthesiologist decided to call time of death. This was my first code and opportunity to do real compressions on someone, and unfortunately it wasn't a happy ending.

After the whole ordeal I learned that the patient had a DNR, which is apparently waived while in the OR. This occurs because death is a potential side effect of the surgery, which would then be the hospital staff's fault and therefore it would be their job to right the wrong, basically. I also learned that the patient had denied the surgery multiple times and was already septic and potentially might have passed within a few days with or without the surgery.

This whole experience made me look at nursing and the OR completely differently. I knew that codes happen back there, and honestly all over the hospital, but it's another situation talking about it verses actually being in there doing chest compressions and feeling their ribs cracking under your hands. One perk of a code being in the OR is that sometimes the patient already has an advanced airway, if not then there is always someone near by who knows how to professionally place one, which makes compressions just a matter switching out people and pausing for analyzing with the defibrillator.