

I finished my preceptorship on South-10, and I have to say that in those 10 shifts I have learned so much about nursing, but also about myself. On my second to last day that I was with my preceptor, and she told me that we were going to have a patient who was very critical and that we were going to be very busy with him. She had this patient the previous day and she said she was in there pretty much all day. This patient was in end stage heart failure and his chances did not look so good. The doctor had gone in there in the morning around 0815 and told him that his ejection fraction of his heart was function at 10% and that on the echo it looked like his heart wasn't even moving. The doctor then proceeded to tell the patient and his wife that they should talk about palliative care within the hospital or hospice. After the doctor left my nurse and I left the room in order to give them some privacy to discuss what the doctor had mentioned.

We go in there later to give him his medications and the wife told us that they wanted to do hospice and that her husband wanted to "die at home." We talk about the patient's wishes with him, and his wife and they decided to sign a DNR, and the family requested that an ambulance take him to his home. As the shift went on, our patient started to decline rapidly. He was so sensitive to any type of movement. He had to have his head of the bed elevated 45 degrees or higher for him to be able to breathe, any lower and his oxygen sats would drop into the 70s. We had to go in there 5 times to change him because he would have a bowel movement and we had to turn him to his side so slowly, but we would have to clean him as fast as we could because he could not tolerate the head of the bed being down for long periods of time. Initially he was on a nasal cannula at 6L, but when we had to turn him, we would have to put on a non-rebreather and max it out at 15L. We had to do this just for him to be able to tolerate the turning.

The first time we went in there to change him, my nurse noticed what she thought looked like blood in his stool, so I went and got the stool sample kit and we sent it off to the lab after we were done cleaning him. He had about 2 more bowel movements before we got the results back, but when we did it the results showed that it was positive for blood. We were in and out of his room all day, making sure he was stable and honestly just trying to keep him alive.

The ambulance was set to arrive at 1900, so at around 1830 he called us on the call light saying he had an accident again, and this made it the fifth time he had a BM in just a few hours. By this time, you could see all the blood literally just coming out. As we tried to lower the head of the bed, he quickly desatted and his sats were in the 70s (while on non-rebreather). We raised him up and allowed him his time to catch his breath again. In this moment I was scared, and my nurse was scared to try and clean him because we knew that too much movement was going to cause us to lose him. My nurse went and spoke to the charge nurse, and she said we had to clean him before the ambulance got there. We go back in the room and try again, and we start lowering his bed and he again starts to desat, but we were trying to go our fastest to get it done quickly.

We get him all cleaned up and situated back on his back, with the head of the bed all the way up, but we could not get his sats up. He was sating in the 50s and it slowly started going down. His blood pressure was in the 50s and was continuing to drop. My nurse pulled me over and told me to pay attention to his breathing because it was starting to change. He was starting the Cheyne-Stokes breathing pattern and we knew that death was near. One of the CNAs (who

is amazing) came in and started to pray over him and it was so hard for me to not cry. I laid my hands on him as she prayed, and I couldn't help but start crying. I had never lost a patient before. I had never seen someone take their last breath and it really got to me.

I learned so much from this experience and although it did hurt me, I believe it made me a better nurse. I believe that as nurses we must never lose that compassion towards our patients. I took pride in knowing that I was able to be there holding this man's hand while he passed and went home to see the lord. His family had just left to their home, in order for them to be there when he arrived in the ambulance. He was all alone, and I loved that my nurse and I were able to keep him company and he knew he could pass with dignity.

As I look back and reflect on my 10 shifts that I did on South-10 I can honestly say I feel so much more prepared to start my new job than I did on my first shift. My first shift I was scared and did not know what to expect, but as I went through my preceptorship I gained more confidence in my skills, with communication and overall, just confidence within myself. I am so ready to endure my transition from student nurse to graduate nurse and then eventually a registered nurse!