

## ***Midterm Reflection***

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My first day of clinical rotation was great, it was interesting and fast paced. I was able to experience two separate units. First, I met my preceptor in the Pediatric Emergency Department. Patients were coming in via ambulance and helicopter. Our patient presented with lower right quadrant abdominal pain and received a CT scan. I was able to hang, connect and set IV fluids via pump for her. We transferred and followed the patient to the pediatric floor- I wheeled the chair and fluids. On the Pediatric floor we were able to admit three more patients under our care while sending the first off to surgery for an orthoscopic appendectomy. To ready the patient for surgery, my preceptor taught me how to do the syringe infusion pump; she walked me through it as I did it. I also observed my preceptor obtain the surgical consent from the patient's mother. I was also able to do a head-to-toe assessment on a nine-year-old boy, a neuro-assessment on another, and assist with setting up and administering phototherapy for a 4-day old baby girl with hyperbilirubinemia. I was also able to assist with the admission assessment of our 4-day old baby which included measuring. This includes the head, chest, stomach, and full length. I was able to do other syringe infusion pumps solo with the observation of my preceptor. It was a good day.

My second day of clinicals was a bit less active but still interesting, we were in NICU. It was also the second day of Epic being introduced to the staff- so there was not as much time for teaching. I had never been in the NICU before so I was eager to learn what I could. I was able to administer ampicillin via syringe infusion pump with the observation of my preceptor. I assisted with the heel stick for a blood draw on our patient and milking the heel. Our baby was 36.1 weeks, I was able to listen to her lungs and heart. My preceptor did not measure her- she said they will do that on "Measurement Mondays", which is something I think they do every Monday in the NICU. Our patient was admitted for RSD after a home water delivery to a Covid positive mother. She was airlifted from Carlsbad and the parents had not made it to Lubbock yet. The mother requested donor milk, so a consent was required and obtained over the phone. This was a learning experience for me because I did not know that donor milk was available or that consent could be obtained verbally over the telephone if signed by two nurses. It was informative for sure. While it did not make my preceptor happy, I was able to watch an umbilical vein catheterization. It was an interesting procedure to see, I am glad I chose to experience it. I always enjoy learning new things and can honestly say that every clinical experience with CSON has been a learning one.