

Covenant School of Nursing Reflection

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March 9, 2022

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 On March 8, I had to send one of my patients to the ICU. Its one of the things I never expected to happen, and it is sort of bitter-sweet. On one hand, I got to experience for a bit what happens on a rapid and had the opportunity to transport a patient from a med-surgical unit to a higher-acuity setting. In another hand, my patient was not in the best condition. It all went so fast. She was a delight to talk to after I fed her some yoghurt and a bottle of boost. She told me her meal preferences, the reason why she's there, and why her hair was terrific. I left her in good condition when I told her I need to do some assessments. After performing assessments on different patients, I heard nurses saying she isn't doing great. I had to run and check on her with my classmates and instructor. A doctor wanted her bolused with 1000 NS in Trendelenburg position while we call for the ICU. Shortly after, my instructor and I, along with our nurse, bought the patient to the ICU.</p>	<p>Step 4 Analysis The wonderful thing about this was how timely this occurred with our current topic. With hypovolemia, the patient is dry and isn't getting enough fluids to perfuse the body properly. With her lab results coming back, we were able to narrow it down to my patient having low hemoglobin (the protein responsible for carrying oxygen and unloading carbon dioxide) and high sodium (sodium carries water). This explains why my patient was obtunded and hard to arouse. With the fluid bolus and her not feeling well, my nurse narrowed it down to having some bleeding inside my patient considering she was post-op for a surgery. Although heartbreaking to see my patient like that, it was quite fascinating to see classroom concepts experienced in real time.</p>
<p>Step 2 Feelings When the day started, I felt really confident. Our nurse tech was saying things that she's quite difficult to take care of, so I took that as a challenge. It would be an unfair assessment to call a patient "challenging" without having to meet her. After a round of vitals, I returned to her room, fed her, and had some conversation with her. She is delightful. I told her to trade me, that she'll consume a bottle of boost and her yoghurt if she doesn't want to consume her meal tray. She agreed and I left her room in high spirits. When I heard that she was getting a rapid, I was scared. My initial reaction was that she's getting hypoglycemia from the food I gave her. I felt so bad. When I took her glucose, it was within normal limits, and it gave me some relief. However, that meant we got a different beast to beat. With the help of everyone on the nursing team, we were able to identify it fast.</p>	<p>Step 5 Conclusion I would say that this whole situation was handled in the best way possible. Everyone worked like a well-oiled machine when doing interventions to keep my patient awake. I took glucose, my classmates did the oxygen, the doctor decisively giving orders, and nurses doing checks on us. I wish I knew fist hand that my patient was getting a rapid. I left her room in great spirits so seeing her in that condition was alarming. I have learned to be more of a team member now. I have seen people work fluidly before and I've always aspired to be part of a group that functions like that. On this day, I was a part of that group, and it makes me feel more confident as a nurse and as a team member.</p>
<p>Step 3 Evaluation The good about that event was that she wasn't having a hypoglycemic episode. The bad news is that it also isn't hypoglycemia, which means it would be harder to treat. It was easy ruling things out since the whole team got involved. We were able to rule out hypoglycemia, which I did. My classmates also helped rule out oxygen saturation concerns when they quickly checked her oxygen flow, raised her head up, and got her oxygen saturation. The nurses and the doctors were really important as well. They oversee how we did our tasks individually. I expected that the fluid bolus would at least stabilize her, yet we still ended up sending her to the ICU department. I really hope that my patient does well.</p>	<p>Step 6 Action Plan The thing that I lacked on was pretty glaring: I only have trace knowledge of lab values. I wouldn't want to keep pointing fingers to other people as to why we weren't able to be taught these numbers in the past modules. As nurses, we are responsible to have basic knowledge on these and it is about time that I know my lab values. Also, I should be able to narrow down diagnoses as I progress in nursing school. It felt good to eliminate hypoglycemia as she was cold. Seeing her arm stiff was an indicator of hypernatremia and I wasn't able to detect that. I hope to experience more situations where I can exercise my nursing knowledge and critical thinking.</p>