

Experience in the NICU

Over time, I have learned that our preceptorship has allowed us to begin transitioning to the role of the nurse. The preceptorship and transition bring many new good, happy, bad, or sad experiences upon students and new nurses. These experiences can include giving report, inserting a urinary catheter for the first time, or even something as sad as experiencing a patient and family receive the news of a poor prognosis. One of those new, sad, and scary experiences, I witnessed in the NICU.

My nurse and I were staffed in the green pod in the NICU one day. This day, I observed two partial or respiratory codes (I am not sure what this situation is properly called). The first one occurred at shift change. My nurse suggested that this would be a good learning experience for me and allowed me to observe while she went to receive report on our patients. Three nurses were surrounding a baby whose respirations and O2 saturations were decreasing. They began using positive pressure ventilation and trying to stimulate the baby. A recorder began recording the events. The respiratory therapist was called, and she intubated the baby with an ETT which was later removed. Per doctor's orders or protocol, the charge nurse administered Narcan for what I think I heard was for fentanyl toxicity. Almost immediately after the Narcan was given, the baby's respirations and O2 saturations began to improve. The rest of the shift, the baby was monitored closely.

The second event occurred while my nurse and I were documenting. A nurse came to find the medication box for a premature baby who was not breathing properly. I followed my nurse as she began looking for it as well. We soon found it and we also found that the baby who needed the medication from the box, was the same baby who had this experience the day before. As I stood to the side, I could see many members of the healthcare team in the room. The respiratory therapist was giving breaths to the intubated baby with positive pressure ventilation, the physician was giving orders, monitoring vital signs, and doing cardiac and respiratory assessments, a nurse was preparing to give medication, another member was trying to draw blood (I think for an ABG), a recorder was recording the events, and other nurses were calling the parents, pharmacy, and x-ray. As the team continued care, the radiologist arrived, and a chest x-ray was obtained and looked at by the physician. Shortly after, the baby's respiratory rate and O2 saturations began to improve on their own. The parents also had arrived soon after and the physician began to explain what was going on and discussed further plans. I soon discovered this baby had sepsis and severely underdeveloped lungs.

During the first event at shift change, I was unaware that the nurses were beginning life saving measures on this baby because they were so calm. I soon came to realization when they needed to call the respiratory therapist, and someone started to record the events. I feel like I had wide eyes almost the whole time because this was the first time I had ever seen this happen. I felt scared because I felt like this baby could have deteriorated further at any point. As soon as the charge nurse administered the Narcan, I felt relieved because I had high hopes it was going to fix the problem and it did. The second event I observed was the one that really affected me and will stay with me forever. The reason it will stay with me forever is because when I first saw the baby, he was a blue color and that was the first time I had ever seen a baby be blue. Immediately, it brought tears to my eyes and my heart dropped. This was the first time I questioned if I had the strength to work in the NICU. I remember saying a prayer constantly the whole-time asking God to send Jesus to hold this baby and to place their healing hands on him so that he may come out of that to live a full and healthy life. I also prayed that He'd be with the healthcare team to give them good judgment and be able to use their knowledge to help this baby. In

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this event, I also remember not being able to see the vital signs from where I was observing because of the many healthcare workers in the room. I remember catching a glimpse of vital signs and I believe I read the O2 saturation was 40%. That surprised me also because I had never seen an accurate O2 saturation reading that low. When the baby's vital signs were reported to be improving and resolving, I felt a huge weight taken off my shoulders. I was so relieved and happy tears were brought to my eyes. I remained professional by not crying, but I had a hard time doing so. In that moment, I remember thinking how strong these babies fight every day for their lives. A lot of the time, I get so caught up in seeing everyone having healthy babies that I forget there are families whose babies sadly are not the healthiest. This was definitely an eye-opening experience for me. I believe it is a true miracle because the baby in the second event had gotten better from the same situation TWICE. For that reason, I realized that I DO have the strength to work there and be able to help these babies fight for their lives. Although I do feel like I could work here, it also made me realize that I need to think about how it will affect me when a baby loses their life.

Overall, I am glad these babies were able to fight through what happened to them that day and I was able to observe it as a student. If I end up working in the NICU as a graduate nurse, it has prepared me to know what it is like when babies have this experience. Today, I hope these babies are getting better and better every day.