

# Covenant School of Nursing Reflective

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<p><b>Step 1 Description</b></p> <p>The five days with my preceptor have been such a wonderful learning experience. The floor I am precepting on has welcomed me with such grace. I cannot wait to start my graduate nursing position here. I have learned the ropes and functionality of the floor, which has made my skill sets more efficient. During these five days, I have started IVs, blood draws, medications, DC art lines, foleys, and more. The most complicated scenario I was in was when I was getting blood from the art-line. I was in the patient room when this situation happened. My preceptor allowed me to perform independently as he observed from the door. During this intervention, I left a cap on the transducer, which caused the art line to keep exsanguinating. This incident happened on the second day. I kept the situation as calm as possible as my preceptor assisted confidently. The result did not cause complications and became a learning experience. The patient did lose some blood, but my preceptor and I handled it with professionalism and teamwork. I am thankful for the skill sets and positivity I have received from my preceptor.</p>	<p><b>Step 4 Analysis</b></p> <p>Completing my studies as a module eight student, I have learned about <i>what an art-line is</i> from my recent Lewis Medical Surgical book. An art-line is a thin catheter that is inserted into an artery, not a vein. This device is commonly used to monitor blood pressure more accurately than a blood pressure cuff. It has a continuous waveform from the monitor every second. This device is helpful when medications, like blood pressure, are being titrated in patient care. In addition, the art-line can be used to get blood analysis like sugars and labs. Art-lines prevent further trauma to the patient's skin and reduce the risk of missing a vein and having to restick the patient. The only issue with this device is that you cannot put medications into the line. This arterial line should also be in conjunction with a peripheral IV. In conclusion, the art-line is a benefit more than a risk. Every IV line connected to the patient should be labeled to prevent the medication from entering the art-line. My preceptor has never experienced this type of situation before. It was beneficial to both of our knowledge. This situation impacted our nursing perspectives and revealed how we could prevent it in the future.</p>
<p><b>Step 2 Feelings</b></p> <p>These past couple of days, my confidence has grown expeditiously. Through trial and error, I have learned from my mistakes, allowing me to have a firm foundation as a future registered nurse. When the art-line continued to expel blood, I felt I kept my nerves to a minimum. In the moment, I tried to understand the mechanics of what I was doing wrong. I reevaluated the situation by observing the art-line about what was causing the blood to keep flowing. As soon as my preceptor stepped in, I found the source and stopped the bleeding. He was confused about what caused it, but I explained what I had done wrong. We cleaned up and talked about how I felt at that moment. Over the days I have been assigned to this unit, I have received encouragement and ultimate inspiration. Even in this situation, I felt pleased that I had someone that did not make me feel unintelligent. That is the most important feeling I had during the experience. The outcome was more than I expected. We talked about my strengths in the process and worked on my weaknesses.</p>	<p><b>Step 5 Conclusion</b></p> <p>I could have improved the situation by realizing that the needleless shielded cannula was still attached to the transducer. Now, I do not believe that the situation could have been better. For example, the family, my preceptor, and I were calm and collected during this point in time. Along with the other days I have been here, I have seen how efficient the floor works. I am learning how the ICU operates vs. a medical surgical floor. The environments are entirely different from one another. In the event, I have learned to be more aware and cautious of my surroundings. Double-checking is a priority! This situation could happen to anyone, and I am thankful to have my preceptor step in and explain what happened. We worked together to clean up my mess, and we both learned in this scenario.</p>

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## Step 3 Evaluation

The significant aspect of this event was that I experienced what would happen if the transducer had an object attached. In my perspective, it was a needleless shielded cannula with a syringe. This device opens the port of the transducer to allow the blood to expel into the empty syringe. The transducer and the syringe are transparent, and this can affect visual acuity. Visual acuity played a vital role in my situation. I could not see the attached needleless shielded cannula until I tugged on the transducer to stop the bleeding. The bad part about this event was that the family was in the room. The patient was one-day post op from a CABG, Coronary Artery Bypass Graft. I did explain to them what happened and what caused the issue to become further complicated. They were so collective and understanding even before I explained what happened. During the situation, I expected a different outcome from the family. I was sure they would not allow me to keep caring for their loved one. Instead, they explained all the good things I did in the situation, which I believe calmed the families' emotions. I can use this situation as an example for the rest of my career.

## Step 6 Action Plan

What I think about this overall situation is that you must make mistakes to learn from them. Of course, you want to avoid errors on a patient, but this event could have been practiced in the simulation lab. I would advocate the module 7 facility to teach us, students, the functions of an art-line. In the simulation lab, we students can draw blood from the device. Explain the pros and cons of what the art-line does and what the transducer can do in depth. I have learned to assess the line and remove the needleless cannula with the syringe when drawing blood from the art-line. For my future experiences, I will use this event as a lesson. I will never forget the day I made this mistake. As a future preceptor, I will use this event as a teaching moment to prevent other future nurses from making this error. The last five days have been extortionary, and the event about the art-line is the one that stuck out to me the most. On the other days, I performed other interventions over and over before. This was the first incident I felt that stuck with me because of my actions. Plus, the patient was bleeding from tubing and not from their body.