

Final Clinical Reflection

Over these last 10 shifts I have been able to see a variety of things on the PICU floor. I've had several breathers who were just on high flow, and some patients who were very critical. I had a 21 year old patient who had history of cerebral palsy, and other neurological diseases. She came to the ICU after a shunt revision, her shunt was malfunctioning which caused her to be very bradycardic and have altered mental status. Since this patient was post-op I got to practice my post op vital signs which is every 15 minutes for an hour, then every 30 minutes for two hours, and then every hour for 2 hours. This taught me a lot about time management because even though you have a patient who needs to be monitored frequently we also had another patient who was on a high flow nasal cannula that needed hourly monitoring as well. I had a patient with a cardiac defect called TAPVR which essentially means that the oxygenated blood doesn't go from the lungs to the left atrium, instead it goes to the right atrium causing inadequately oxygenated blood to circulate through the body. His normal range for his O2 saturation was 80-90 which was difficult to get used to because for any other patient that range would be cause for concern. The smallest patient that I had over 10 shifts was an X- 30wk NICU baby that was now 9 weeks old and weighed 6 pounds. The mother stated that she was in the NICU for 6 weeks and then they were able to go home for 3 weeks and then she got sick with RSV and parainfluenza. Due to her being a NICU grad her lungs already were weaker than a term baby because they had to develop outside of the womb. It was new for me because up until this point the smallest patient I had was 10 pounds which is a big difference. The following shift we admitted a 15 year old patient with alcohol poisoning, seizures and was intubated. This was a big learning opportunity for me because I hadn't seen anything like this, she was unconscious for a few hours and then they were able to extubate later on day shift. Despite 24 hours of IV fluids her alcohol levels were still not back to 0. When she came in she was at a BAC of 0.28 which is very high for a 15 year old, so because of that it took longer than expected for her body to metabolize the alcohol and excrete it. The last day of my preceptorship I had a covid positive patient that was stable for most of the night until she started to vomit. I was in the room when she first vomited and as quickly as I could I turned her on her side, we stopped the feeding and just let her get it all out. After she had this episode of emesis we had to monitor her O2 sat very closely because she was struggling to stay above 85%. We determined that she possibly aspirated some of the emesis. I feel that my confidence had grown tremendously since my first shift. I am beginning to trust myself and my abilities to be a competent nurse.