

I have completed my 120 preceptor hours in the AED. I love the rush and challenges you face in the ED. I like not having the same routine all the time. The teamwork is great. Everyone helps each other. I had the opportunity to place several foley's and OG tubes. I stood in on several intubations. One patient came in via EMS in Respiratory Distress. Now what I like is when a call comes in like that, everyone is on board and waiting for the patient. Respiratory therapy is paged down, pharmacy is ready as well as the physician. When the patient arrived, she was using her accessory muscles to breath, stating in the low 80's with a GCS less than 8. Everyone takes a role, the pharmacist will draw up the medications, a nurse will push the medications and then the physician will intubate using a guided camera. They listen for placement; an OG tube is placed, and an x-ray is ordered for confirmation. This all happens so fast, but it is very well played out. There was another patient that came in for a stroke, so I got to see a little of the activation on that patient. The patient was driving and ended up pulled over on the side of the road, a bystander called EMS, the patient was having right sided facial drooping, numbness and tingling and slurred speech. As soon as she came in the physicians met the EMS at the doors to assess. The patient was sent to CT to check for a bleed. Shortly after the patient went to IR to get the clot removed. We had a few GI bleeds come in and had to give blood. The patient must have two Type and Cross before administering the blood to confirm the patients blood type. I had never given a blood transfusion and the tubing is different. You must hang fluids with the blood and monitor the patient for any reactions. We look for any shortness of breath, rash or flushing. The patient's vitals are taken the first 5 minutes and then every 15 minutes. I feel towards the end of my preceptorship I had more confidence in myself, but I would still draw back only during the intubations or if there was a critical patient that came in. I would monitor and watch what everyone was doing and if they asked me to do something I

would. I got to give report to the patients going to rooms and during shift change. I will say I was more nervous giving report to the oncoming nurse since it was face to face. Overall, I loved the

ED and working with the variety of patients with a great team.