

Final Clinical Reflection

One day at clinicals, I had the pleasure of taking care a male patient recovering from a Hernia Repair who was roomed on the observation floor at Grace Surgical Center. The care plan for this patient was for him to void as well as ambulate prior to us giving him the okay to go home. My patient called the nurses station because he thought he had to void, so my preceptor and I went to the patient's room to help him ambulate to the restroom and do so. We walked him to the restroom and sat him down on the toilet but upon helping him stand, he voiced that he was in a lot of pain from the surgery. We walked out to give him privacy, but shortly after the patient shouted that he was getting dizzy and didn't feel well. My preceptor and I rushed into restroom where he was located, and I observed that he was leaning forward so I then guided him to sit.

He quickly became diaphoretic, and his blood pressure was 60/30 with a heart rate in the 40s. His eyes were rolling to the back of his head as he dipped in and out of consciousness. The nurse administered a sternal rub which appeared to stabilize him but then again became unresponsive. We called for rapid response and about seven doctors, nurses, and RTs responded. We gave him oxygen through nasal cannula, an EKG, and his B/P and heart rate began to stabilize.

My nurse told me that he had vagal responded and later on that evening he was discharged to go hom.