

My day had started with some change since we had been pulled to the NICU and getting adjusted was not too bad. The main focus was to cluster care for all three kiddos we had since their care times were at the same time. We only got to the first hour of care which was at eight o'clock. We were then informed that we would be pulled back to the PICU and my preceptor finished documenting all that we had done since we had gotten there and proceeded to back down to the other unit. We were told that the patient was coming in with an acute kidney injury and that they didn't look good. The doctor on call for the night wanted them taken up immediately. The patient had gotten there and neither he nor his family spoke English. As soon as my eyes laid sight on the patient I knew something was wrong. He was breathing rapidly around 60 breaths per minute and was febrile. His arms and legs were so edematous that we couldn't get a read on any one of his digits. The most alarming signs were his blood pressure and heart rate. They were in the 60s and 40s for his systolic and diastolic pressure. His heart rate was at 150 and climbing. My preceptor was working diligently on getting IV pumps set up, communicating, and assessing the patient. The doctor on call had ordered different broad-spectrum antibiotics, vasopressors, and as well as fluids such as albumin and d5 with bicarb. All for their specific reasons. We also got a PICC line and a central line in while the patient was still awake and alert. The doctor also got an art line for a better constant reading of his blood pressure since we weren't able to get good readings on any of his extremities. The doctor was telling us that this patient did not look good and that we had to put them on ECMO. She had the surgeon who cannulates patients for ECMO come in for an evaluation. There were certain criteria that patients had to meet to be put on ECMO but with the urgency of giving this patient a chance to live the surgeon agreed and was going to cannulate this patient. The doctor proceeded to intubate this patient and had the parents come in to see their child and to get a consensus on if they wanted us to do everything we could. They agreed and we proceeded to transfer them over a room since it had much more room. I throughout the whole time am observing my preceptor listening and taking directions on how many micrograms to go up on certain medications, on which medications to start first, and on which labs were needed. There was another nurse who had documented half of the procedure and let me document the rest with an emphasis on which medication was given, how much, and what time. It was a great experience to see just how much teamwork mattered that night. The surgeon cannulated the patient within 45 minutes to an hour. The doctor on call then reached out to ortho to get a consult since the patient's extremities were so edematous she was afraid the patient would lose their limbs. Throughout this whole time, the main priority was to bring that blood pressure up and we had given him so much fluids and none of it was coming out of the catheter. The ortho doctor came up and assessed the patient and instantly recommended doing a bedside fasciotomy. I was told it is a rare sight to see bedside since they normally are in the OR. They proceeded to get consent from the family and went ahead with the procedure on both arms and eventually the right leg. It was a different experience to see it bedside and to be able to grab supplies or help the scrub tech. I helped throughout the whole night gather supplies, assess intake and output, document medications given and at what time, and be readily available. This whole experience was eye-opening to me. Not only on how much

teamwork and communication matters but on how fast a patient can decline and how fast we have to respond. I would've never expected something like this to happen during my preceptorship. I gained a lot of insight that day on being able to perform under pressure and being able to hold myself together.