

Midterm Reflection

My nurse Kelly and I were assigned a patient that was intubated post code after having a fistula put in his right arm in the OR the day before. Patient is a type 2 diabetic that had been putting off dialysis and came into the emergency room for shortness of breath due to fluid overload. Patient coded during the transfer from the operating table to the stretcher. They performed CPR for 2 minutes until Rosc was achieved and was reintubated. When we were receiving report the night shift nurse had stated his blood sugars were low and she had to give an amp of D50 and they were weaning from the vent to get extubated. Around 0815 the patient was extubated but was very nauseous and vomiting, so we gave a dose of ondansetron. The RT ran a blood gas and came back with a blood sugar of 50. We gave ½ an amp of D50 and rechecked blood sugar in 15 mins, blood sugar came back at 64 then we gave 2 cups of apple juice and gave a second dose of ondansetron approved by the intensivist.

By almost 10am we pulled out his 0900 medications and gave all his medications but patient was still vomiting, pure green bile, and was wanting medicine for pain. We talked to the intensivist about him throwing up and maybe be due to his low blood sugars and he ordered phenergen to see if that would help with the nausea and we would be able to give him his PO pain med. After finally having him calm down for all the vomiting we sat down and went to his chart to see what could be causing all the nausea. The pt was NPO and had a long acting insulin scheduled, 60 units, and the order stated if NPO only give half of dose. The blood sugar that night was 77 and the whole dose of insulin was given. This is where we would critically think, nurse judgment and say if we would give half the

dose or not give it at all since patient was not eating. Due to being on long acting insulin we were chasing the blood sugars all day and making sure he didn't drop. By dinner time patient was advanced to a full liquid diet and was able to maintain his blood sugar in the 120s.

I learned that day that the electronic charting is a wonderful thing but we as nurses have to read orders and not just give a medication to the patient just because the EMAR says it is due. We need to think about what is going on with the patient and does the patient really need this medicine. Read orders carefully and get to know your hospital's protocol.