

Midterm Clinical Reflection

During my first five shifts of my IM 8 clinical experience I have been lucky enough to get to experience a few different angles in the labor and delivery world. The majority of my first shift was spent in the OR. I helped to circulate and chart during a c-section of a baby with fetal anomalies that was only going to be given comfort care. Afterwards we helped the primary nurse with demise care. We assisted the mom in giving the baby his first bath and putting clothes on the baby and taking footprints on multiple different keepsakes as well as being there emotionally for the mother and family. Later in the day we helped to admit a lady in labor as a team and my nurse and I were the TPCNs for this lady who was to receive a repeat c-section. As a surgical tech I have spent some time in the operating room but it was very different to be in a different role. The charting is a lot. I don't know what I thought it was going to be like but it was a lot. There was also a moment in time, during our case, when not only were anesthesia and the scrub tech asking for things but our patient was vomiting and nursery needed help resuscitating the baby. This day brought on a plethora of feelings for me. There were times during the day when I felt overwhelmed and just tried to do one thing at a time and prioritize. An example of this was in the OR when we stopped what we were doing to help nursery with the baby until NICU could get there. I also was not sure how I would emotionally cope with some of the demise care and honestly it was therapeutic. I was glad we were able to provide some special moments to a mom and family with their infant that had already passed.

On the second day of my shifts we admitted a lady that was a labor induction and labored her all day. This was her third baby and she was already 5 cm when we started the induction, however, the baby was still super high and the head was not well applied to the cervix. Initially the provider wanted to start with cytotec but because her contractions were all on top of each other my nurse and I discussed this with the provider and she let us start pitocin instead of cytotec because cytotec can cause tachysystole in contractions. I got to chart her strip most of the day and with the guidance of my mentor we titrated the Pitocin up and down as ordered. I got to assist the patient in positioning during her epidural placement. The provider did not break her water until later in the day because we were waiting for the head to be applied to the cervix to minimize the chance of a cord prolapse. Ultimately this patient did not deliver on our shift but it was still a good learning experience and I felt much more comfortable charting strips and assessments.

On the third day of my shifts my nurse was the obstetrical emergency department nurse on the unit. This gave me the opportunity to help with a variety of procedures as we triaged ladies that came in for different reasons and practice blood draws and IV sticks. I also assisted the provider with a sterile vaginal exam and a bedside ultrasound. It was a good learning day because I need more skills practice.

The fourth day of my shift was a particularly good day. We admitted our patient and got to stay with her through her delivery and recovery. We started off the day doing her admission charting and starting her IV and drawing blood for admission labs. We titrated her Pitocin and charted her strips until she requested her epidural. During her

epidural placement I kept track of the times and assisted the anesthesiologist. After our patient was comfortable I placed her foley. My preceptor was in the room but I just did my thing pretty independently. After the provider came and broke her water things started rolling. I was able to do a vaginal exam and felt the same check as my preceptor. It was very cool to be able to feel the babies head and remaining cervix. During delivery I helped to assist my nurse in placing baby on mom's chest and cleaning up mom. We did fundal massages and monitored her bleeding until it was time to take her to postpartum. It was really neat to get to follow our patient basically from beginning to end. It was such a positive experience and I loved being able to share this intimate moment with this family in a new role.

Then there was the fifth day. We started off the day with two patients, one postpartum patient on magnesium and blood sugar checks and another patient that the doctor was planning on sending down to antepartum because she was preterm and had premature rupture of membranes. I got a chance to do lots of patient care on our postpartum patient. We gave her a bed bath and changed her sheets and took her blood sugars and magnesium levels and got her all settled. Eventually the doctor of our other patient decided it was in the best interest of the baby to start Pitocin even though baby was only 33 weeks. This mother had quite an extensive history. This was her fourth pregnancy and she had hemorrhaged after delivery with the last two children. She also had had several aneurysms that had ruptured (and been clipped) and a history of strokes as well as cocaine and cannabis use. This was her fourth admission into the hospital with this pregnancy and she had left AMA the previous four times. Right after we started the Pitocin, the patient's 14 year old daughter began throwing up. I grabbed a wet washcloth to help her clean off her face. As I was walking over to hand her the washcloth I saw her eyes roll into the back of her head and she appeared to start convulsing and seizing. My preceptor and I rolled her onto her side, started suctioning her mouth because she was vomiting as she was seizing, and kept her from falling to the floor while calling out for help. We called a rapid response. We later learned that the daughter had a brain tumor removed a little over two months ago and had not taken her Keppra since her Mom was admitted into the hospital the night before. Eventually the daughter was taken to the children's ER and the mother (our patient) was calling around frantically trying to get her older son (who was 16) to go sit with his sister in the ER. Our patient already had an epidural and was unable to go to the ER with her daughter. After we got our patient calmed down we had to go check on our other patient and do her hourly rounding and mag and blood sugar checks. As we were in our postpartum patient's room our other patient's son came back up from the pedi ER and him and his mom preceded to get into a yelling match and we had to go check on the situation. The Mom then stated that she was hurting more so we checked her (her son stepped out and left back to the pedi ER) and she was a 6-7 super soft and thinning out. Because this was an early baby and her fourth we let the doctor know it probably wouldn't be a whole lot longer. About 30 minutes later when we checked on her she was hurting and we checked her and she was completely dilated. I called NICU and got her doctor (who was on the unit waiting to do a surgery) into the room. She barely pushed two times during one contraction and the baby came out. Luckily the baby was vigorous and crying. NICU eventually took baby downstairs to the NICU after the doctor had left her bedside. My preceptor asked me to feel her fundus because she said it was nice and

firm. As I started rubbing her fundus a good trickle of blood began coming out and we called out for another nurse to come in. We ended up giving our patient methergine, TXA, and cytotec. She lost 650ml of blood which is considered a hemorrhage during a vaginal delivery. The patient was symptomatic and we gave her a fluid bolus and wrapped her up in warm blankets. Eventually her bleeding slowed down. Her son came back into her room just as we were cleaning her up to take her to NICU (to see her new baby) and postpartum. We then took them both down to NICU so she could see her baby. While we were in NICU the mother and son preceded to start arguing and the son left to go downstairs to see the sister in the ER again. As we were moving the mother to her bed in postpartum she informed us as soon as she could stand up she would like to sign her AMA form so she could leave. We gave report to her new nurse and went back to labor and delivery because we had another admission. I took more of a lead on this admission and introduced us to our patient and put the ultrasound and toco monitors on as well as asking admission questions, drawing her labs etc. By the time we got her admitted and gave her her first dose of oral cytotec it was shift change. I gave report to the oncoming nurse and the shift was over.

My fifth shift was obviously a lot. I had lots of different feelings and thoughts during this day. I was overwhelmed many times with not only the tasks that we needed to accomplish but also the emotionality of all the situations occurring around me. All of the interruptions made it hard for me to stick to my plan for the day as far as charting and such. I was very lucky to have been with a preceptor that kept her cool and showed me multiple deescalation techniques. After some of these events it was therapeutic to write it out. I definitely had a few "what am I doing, is this what I want" moments. While taking care of our complex mom there were a few moments when I was able to give her care and listen to her that made me feel like I made a difference in her life. This family has been weighing heavily on my mind and I hope and pray that things work out well for them.

So far it has been very interesting to be in a different role. I have had moments of joy and moments of disbelief and moments where I felt like crying. I feel like I have a long way to go but I also feel like some things are making sense to me. I know I need to work on my IV and blood draw skills. Charting is coming to me, even if it is slowly. I know that there are things that I miss and I am still learning. Some of my goals looking forward also include taking more of the lead so to speak with our patients and feeling more comfortable doing consents with our patients. I am excited to continue to learn and continue my new journey.