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IM8

Midterm Reflection 1

On March 23rd on the 4 floor of the Covenant Children's hospital I began my first clinical on the mom and baby unit. My preceptor is Krysten Gomez. I was there to shadow/learn about the unit with Krysten. As I entered the unit I noticed that the tension was high in the room. As I waited for Krysten I could over hear the night nurses complaining about a patient and how they hoped "she doesn't act up today." I became curious to what happened, but didn't ask. Finally, Krysten had arrived and we began to receive report and it so happened that the patient the night nurses were talking about is the patient Krysten and I were going to care for that day. As I listened to report we were informed the patient had a significant history of mental health, self harm, abusive relationships, and open CPS cases because of the baby fathers being questioned of statutory rape and impregnating an underage girl. Due to the patient pregnancy she stopped her medications leading her to have out burst of yelling at the nurses and boyfriend to get out of the room, throwing items around the room, and neglecting her newborn child. The night nurse told us that they had to call the on call psychiatrist, security, and remove the infant. She also said they tried all they could to "calm her down," but no intervention helped and that it seemed as the patient's boyfriend/father of the baby made the out burst worse and/or triggered them. After the psychiatrist resolved the situation, psych medications were prescribed that wouldn't affect the patient's breastmilk and a one on one sitter was assigned to insure safety of patient and baby.

After report Krysten seemed nervous and expressed to me that they aren't familiar with psych patients and didn't know what to do if an outburst occurred, but that her and I will tread carefully around the patient and give the patient medications on time. I informed her that I've cared for many psych patients in my 7year career and have training, so I gave her tips on what to do if an outburst occurred and ways to deescalate the situation such as: cold water, reorienting patient to objects around the patient, focusing on the positive like the baby, allowing the patient to express what she is frustrated about, and to avoid comments like, "calm down." Thankfully the day went by smoothly with no outburst. Krysten and I even built a trusting bond with the patient which allowed us to gather more important information on what triggers the patient to have a manic episode and safe words that would alert us one is coming.

Even though days leading up to my first clinical was a roller coaster of anxiety and nervousness, I finished the day feeling confident and continent with the learning of the unit and how they handle stressful situations. I was also proud of myself for being able to teach the unit about my skill with psych patients.