

Olivia R Palermo

Covenant School of Nursing

16 April 2024

L&D Reflective Journal

Step One: Description

When getting onto the labor and delivery floor, my patient was 5 cm dilated with no feeling of contractions, and very nervous of the birthing process. My nurse Julie , walked into the room with confidence, introduced ourselves and explained the process of dilation, effacement and why she was receiving Oxytocin. Around 11:45 the doctor came into the room and manually broke her water, and an hour later the anesthesiologist came into the room to insert an epidural. Once this was done, I was able to put in a Foley catheter for the first time without the fears of my patient feeling the procedure.

Step Two: Feelings

Not only did the nursing staff make me feel welcomed when walking onto the floor, but Julie, my nurse, was fantastic by allowing me to do daily procedures. For example, I explained to her that this was the first time I would be placing a Foley catheter and she led me through the whole process with open arms. She gave me words of encouragement, helped me hold the patient to insert the catheter and talked to me during the process to take my mind off of the nerves. After inserting the foley, she did a vaginal exam to determine if she is effacing, and she allowed me to repeat the exam to see how it felt. She explained the hard part I was feeling was the head and answered any of my questions without me feeling below her. Overall, I had a

great feeling and attitude while completing this section of my clinical experience all because my nurse walked me through the day with ease and patience.

Step Three: Evaluation

Overall, I had a wonderful time while on the labor and delivery floor. The morning seemed easy since my patient was slowly dilating without feeling her contractions, so I was able to see Lily's patient have a natural birth and observe this process. However, once my patient received the epidural I was able to complete a lot of tasks that will help me become an efficient nurse. The only thing I would change from today is not witnessing the twin c-section. I asked to observe in the OR, but the charge nurse only allowed one student to be in the room. I understand doing this since a twin birth can get overwhelming, but I feel like I missed an opportunity I will only see while in labor and delivery. However, since I didn't observe that case, I was able to place my first foley and complete a vaginal exam, so overall I had a great experience.

Step Four: Analysis

While analyzing my patient and her fears while in labor, I learned the importance of explaining daily nursing roles with therapeutic communication. For example, my patient was very nervous to receive an epidural. My nurse explained how the needle won't stay in her back rather a small tube will be placed so medication can be inserted into her spine. Once this was done, my patient thought the catheter was placed incorrectly since she could feel more sedative effects on one side rather than equally dispersed medication. My nurse once again sat down with this patient and explained that this feeling is normal since she is laying flat. Once we make her move positions she will begin to feel equal effects. Once she eased her fears, you could

physically see the patient relax and ease her grip on her husband's hand. This scenario made me realize that it can take less than a minute to make our patient feel more comfortable while in a scary situation.

Step Five: Conclusion

One way I could have made this experience better was to ask more than one nurse if I could observe any nursing task. During my shift, I asked three nurses if I could watch a procedure, but they already had nursing students following them making the patient rooms tight. Instead, I should've walked around the unit asking nurses who didn't have students, so I could possibly see something exciting. However, I got to witness a natural birth, complete a vaginal exam, and insert a Foley catheter, so even though there was downtime it was overall a very productive day.

Step Six: Action Plan

Even though I was on a speciality floor, I can apply these learning to other events while in the hospital. I learned that there is always time to sit and explain a procedure easing a patient's state of mind, sterile procedures like a Foley catheter are not as scary as they seem on a real patient, and even when a situation seems scary nurses will always work together to make the experience simple and easy.