

Midterm Reflection

At this point in the module, I have been on four shifts for my preceptorship. So far, I have thoroughly enjoyed my time in the Emergency Center. My preceptor is a great teacher, and she has been willing to answer any questions I have raised. In the ER, I have gotten to be a part of situations that influenced me to become a nurse, and I feel like I have genially helped people.

For example, so far I have taken part in two codes. The first one was somewhat uneventful because as I was about to begin compressions, the code was called off because the family requested us to stop. However, I was able to see the use of the new compression devices EMS brought with them. The compression devices, LUCAS chest compression system, were interesting because they made me think about the consistency of human compressors. I began to wonder if switching compressors and human fatigue has any detriment to the patient during a code.

This wonder led into our next code scenario because as we were coding a patient for forty-seven minuets the doctor was complaining that our compressions were too weak. We had gone through at least ten compressors and some of us had compressed multiple times. I went four times myself and I could feel my strength weakening in the last compressions and would force myself to go harder as my two minutes came to an end. The doctor told us to stop all pulse checks until we were able to get a systolic blood pressure reading on our patient of 80. To that point we had not been able to do so. Many of the compressors were describing our patient as being very difficult to compress, and I was inclined to agree. Eventually as we received word from the ECMO team that they were not going to be able to respond quickly, the code was called.

During this code, a LUCAS device was also brought by EMS. It was removed during the first or second pulse check on our patient. Upon reflection of this code, I think the future of compressions in

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emergency centers will eventually be compression machines. The consistency of the devices will prove to be beneficial to patients, and they will become widely used.

Another patient experience that has influenced me was an older gentleman who came in to the emergency center after a syncopal episode. His heartrate was particularly low and my nurse was doing his triage questionnaire. She told me that she doesn't usually do the sexual history on patients that are here for nonsexual related issues. Later, as we were talking to the patient about random things, we somehow got onto the topic of how Viagra was discovered. We all had a light laugh about it and then our patient told us that he had actually taken a Viagra last night. He then went on to tell us how he had a similar situation happen when he took a Viagra last year. We then went to tell the doctor about the situation and he simply said that was good to know. The point is I learned to ask the uncomfortable questions to patients regardless of my own assumptions.

In the four days of my preceptorship, I have greatly improved my technical skills and critical thinking. I have enjoyed meeting all the people who work there and look forward to my days in the EC. This preceptorship is pushing me to be the best nurse I can be, and excites me about the future of my career.