

Elizabeth Gausin

09/01/2024

IM-8

Midterm Clinical Reflection

During the past two weeks I've attended clinicals on the medical intensive care unit, at Covenant Medical Center. My current role is a nursing student alongside my preceptor, Hayley Raymond, RN. Each day, I've had about two patients and at one point I had three patients. Overall, I am pleased with how clinicals are going. I've learned a lot from my preceptor as well as improving my skills that I have not practiced in a while. Some skills that I have been able to practice are blood draws from an arterial line, IV insertions, sterile dressing changes, administering medications through a nasogastric tube and IV push, taking care of a mechanically ventilated patient, and performing a bladder scan on a patient who was retaining urine. I also played a part in a code. I have done so in the past, but it was all over the place. The code in the ICU is more structured and everyone had their roles. Before my clinical began I was extremely nervous. I didn't know what to expect. I have been on the floor before, but not since we've had clinicals in May- I did not want to be too rusty. Although I was nervous, my preceptor Haley did an excellent job at making me feel comfortable on the floor. With Haley's guidance I walked with confidence in the skills that we have previously practiced in other modules. Also, I found it nice learning and asking questions. Another emotion I have felt is sadness. I found it difficult seeing families go through what they do when they are coping with a loved one in the hospital. I hope you can see that I have enjoyed my time in the MICU. The toughest part about being on the MICU floor is just seeing people cope and mourn the loss of their loved ones. Referring to the code I took part in, was on an older patient. Since his admission to Covenant he coded a total of four times. His ribs were broken, and his abdomen was very full due to the pressure from the compressions. His family did not want to make him a DNR due to it being difficult for them to let him go. It was sad seeing the trauma done to his body, but it was also difficult to see the family struggle with the thought of letting him go. All we could do was respect their decision and be there for them. They eventually decided to let him pass. In the moment I wondered what I could do to make it better for the family. There is not much that we can do other than offering your presence, allowing the family to grieve, and process what is going on. In the future incidents, I plan to not over think in those sorts of events. I got so focused on getting my skills down and charting correctly that I did not think about the therapeutic communication that we offer our patients and their families. Next time I want to be prepared for that situation and give them the comfort with my presence, communication, and remembering that all they really need is time.