

Clinical Reflection

A patient came in with alcohol intoxication with potential intentional overdose. He came in by ambulance with Texas Tech Police Department from his dorm. The patient was very lethargic at the time and had been throwing up at his dorm and in the ambulance prior to arriving to the emergency room. We were informed that he thought he only took one of his anti-depressant pills, but ended up turning the whole bottle up and ingesting an unknown amount of Zoloft. Since this was a psych case, my nurse and I took this patient. He had no family with him when he arrived, but his parents were notified, and his sister eventually showed up and was with him at bedside for most of his time here in the emergency room.

In the beginning, my nurse and I were just thinking this patient had had too much to drink at the time, since it was his first week at college. He gave us his background and informed us that he had never drunk before but had been feeling lonely and felt peer pressured into drinking. After we got him situated and fluids going, he was very polite and cooperative, explaining that he did not mean to take all the Zoloft and that it was a complete accident. This patient did have a history with mental illness so everything he told us was noted. We thought this patient was just going to be able to be discharged after his parents arrived from San Antonio, but he started showing symptoms of serotonin syndrome in the 6th hour during his stay here. He was able to walk around and use the restroom and while he was walking back, he had an odd look in his eyes, so I asked him if he was okay or dizzy. He then told me he was seeing double and triple vision and did feel somewhat dizzy. We got him back to his room safely and then the hallucinations started happening. This is when my feelings changed towards this situation because I knew then it started to become more critical. Along with the hallucinations, full body tremors and tachycardia came. We thought he was having seizures but weren't completely sure because none of the medications were helping calm him down. The doctor ruled him to have serotonin syndrome.

I felt that the whole team was good on addressing every change in this patient's status. We were also able to react fast to any of these changes and try to intervene to relieve some of his symptoms. Although what I felt was bad is that nothing was working, and it was hard to see this child be in clear distress while we have tried all of our efforts. I thought the medications we gave him would have worked, but even the serotonin blocking medication did not work either. You could see that he was terrified that this was happening to him but the only thing we could do for him at the time is try to keep him calm and keep his heart rate and temperature down to prevent from having to intubate him.

In this situation specifically, it shows how direct patient care is important due to noticing changes in this patient and watching the condition of him change so quickly. I genuinely think this patient was telling the truth about accidentally taking the whole bottle of Zoloft, but with his past issues

with his mental health, it is hard to rely on. Now that he had serotonin syndrome, he had to stop the Zoloft completely and the seizure like activity did not stop. The day after this patient was discharged from the pediatric floor, he was back the next day with the seizure like activity again. The doctor who was here the first night this patient came in, was also here the second time he came to the emergency room. Although I was not this patient's nurse again, they kept us updated with what was going on with him. They administered Valium and realized nothing chemical was helping with the seizures, so they stopped giving him any of the medications. I was able to listen in on a conversation with the doctor while he was addressing the parents saying he thought these were stemming from his mental illness. Whether it be from stress in school or past related medical history it had to have been coming from that since none of the drugs we had been giving him had been working. The hallucinations had stopped at this time, but the "seizures" and tachycardia were still prevalent.

I felt that there was no better way to handle this situation other than the way we did. I held this patient's hand and was there for him along with the other nurses in the best way that we could while trying to find answers as to what was going on.

This situation overall somewhat scared me but made me realize how important it is to listen to your patients and be there for them not only physically, but emotionally as well. This patient was a child so being there for him might look different in an adult situation, but it made me realize I'm where I belong in my career. He remembered us when he came back in for the second time and was bragging on how great my preceptor and I were and it made me feel good because I have yet to have an encounter like that with a patient.