

## Covenant School of Nursing Reflective Practice

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Instructional Module: IM

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<p><b>Step 1 Description</b></p> <p>Pt was a 7-week-old female presenting to the ED with apneic spells during feeds. Pt is a twin and sibling was still in the NICU. The Pt was recently discharged from the NICU 5 days ago. During her visit. The patient looked pale and lethargic. Upon inserting her urinary catheter, a malodorous smell left her diaper along with white, "cottage-cheese" like discharge. She did not cry during her multiple IV sticks and her parents appeared to show a lack of concern for their daughter. They were withdrawn and mostly playing on their phones. I suggested that she could either have a UTI and is heading for sepsis or that she is being abused. After 5 hours of her arrival she began to crash. Her oxygen saturations fell to 36% on RA</p>	<p><b>Step 4 Analysis</b></p> <p>I can really only apply my knowledge from my experience working in the pediatric emergency department. When a baby decompensates, I immediately know what to do and where the supplies are to help because I am very familiar with our unit. However, if I was not aware of where supplies were, I would have been no help. If I hadn't seen a situation like this prior to this event, I would have panicked and would not have been beneficial to the patient or the nurse.</p>
<p><b>Step 2 Feelings</b></p> <p>Upon her arrival, I felt concerned for her wellbeing and how she presented to the emergency room was not normal for a 7-week-old infant. As the night when on and she started to decline, I felt nervous and scared for her as she just stopped breathing on her own. That is the very interesting thing about infants especially premature infants. They just forget to breath and it is exhausting for these babies to just keep themselves alive. I believe she was discharged from the NICU too soon.</p>	<p><b>Step 5 Conclusion</b></p> <p>I do not think anything could have gone better. I felt like everyone worked really well as a team. We even called the NICU team to come help us start a line on the baby because her veins kept blowing for us. Everyone, even the physician was efficient and effective in the situation.</p>
<p><b>Step 3 Evaluation</b></p> <p>When the baby started to decline, as I stated above her oxygen saturation declined to 36% as did her heart rate. When we went into the room, we stimulated her by rubbing her chest and at first, she was not responding. My nurse instructed me to go grab a non-rebreather. As I was walking out of the room to get the supplies, the patient started to arouse and came back up to 98% on room air. Seconds later, as I am at the bedside now, she declines again. We then call for help and I stimulate her again. We then moved the patient to a trauma room for a higher level of care. I think what went well was our team work and ability to stay calm during this situation. We did not worry the parents but</p>	<p><b>Step 6 Action Plan</b></p> <p>Overall, this situation was definitely scary and alarming. If the patient had not been on the monitor, I believe she would have died. Imagine she was at home and the parents were asleep and completely unaware that she had just stopped breathing. I can use this situation in the future to refer back to if I ever run into this situation again.</p>