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Midterm Reflection

On October 18th, I had the privilege of taking care of a 59-year-old male in the Surgical ICU. This patient was a paraplegic from a C6 spinal injury who was admitted with chest pain with a slightly elevated Troponin. Once they admitted him, the bloodwork showed a nonelevated ST myocardial infarction, and his respiratory efforts started to decline rapidly. The doctors decided to use the ventilator on the CPAP setting so he wouldn't have to use as much energy. Once stable, the doctor ordered a chest x-ray which showed the left side of the lung was filled with mucus. Finally, when I got onto the unit, the night nurse told me they did a Bronchoscopy that night and pulled a lot of mucus out of his lungs. However, he still sounded very congested that morning, so Ruben, my nurse, and I got a second set of consents signed for the doctor to do another Bronchoscopy. Around ten in the morning, I assisted the doctor with the bedside procedure by hanging the Propofol and watching the vital signs. Once again, we pulled large amounts of mucus from the lungs and the patient appeared more comfortable. Once this was completed, I continued the day by giving all his medications through his PEG tube and spoke to the family trying to make his room not so silent.

Looking back at my shift, there were many positive and negative moments throughout my day. For example, Ruben gave me a lot of opportunities to be the main nurse. I documented everything about my patient, gave medications, called CT for another patient, spoke to the doctor concerning an x-ray, and gave report to the night nurse. However, when looking back, one very challenging thing was trying to speak to the family in the room. The wife was very concerned about her partner and asked many questions that needed doctor clarification, but I took my time and tried to answer what I could with confidence. However, when speaking to his daughter, I lacked the confident tone I usually carry. She was very knowledgeable in the medical field since she was a nurse practitioner at UMC. When I would prepare medications to be pushed via PEG tube she would get out of her seat to watch me crush, mix, and administer the medications. I held my composure and tried making conversation to ease my nerves but it didn't work and the anxiety showed in my voice. Ruben did a great job boosting my self-esteem but I still questioned my abilities. By the end of the day, I started making progress and gained more poise while completing my assessments and administering medications to my patient. Around 3:30 I went into his room to give him a scheduled Oxycodone and when trying to get the air bubble out of the big syringe I used too much force and sprayed pain medication all over me. Before I made a nervous look on my face I laughed it off and made a joke to ease my worries. Then, I administered the medications with confidence even though I made a mistake seconds earlier.

Since my two years in nursing school, I haven't had a situation where family members understood the medical field and tested my knowledge. This not only made me very nervous, but

it made me question my abilities and what I already know as a student nurse. Now writing this reflection, I realized I need those anxious moments to thicken my skin and make me more confident while in difficult situations. So, next time I come across a situation where I want to be silent, I will lift my head and show the patient, family, and friends that I am a good and efficient nurse.