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Mrs. Pia (W&C Preceptorship / Instructor)

October 2024

Midterm Clinical Reflection

October 21st, 2024

- My first day in the Pediatric MedSurg Floor ran smoothly, expectations were met, and overall a great first 12 hour shift as a nursing student. A negative that I experienced socially was that I was the only male nurse on the floor, so it was intimidating. No other nurses talked to me besides my nurse. I assumed I wasn't putting myself out there or meeting their expectations, but I was doing my job as a nursing student.
- Throughout that day, my nurse oriented me around the floor, made me familiar with EPIC and charting, and answered any questions that I had. She was very impressed on how fast I was picking up on things such as medication administration, EPIC, and where things are on the floor.
- Areas I can improve on is being more confident in my approach! I have always said this and I think it will come with time as a nurse. I get timid when I go into a patient's room and don't say enough to them / have a conversation with them. In pediatrics, these kids want to talk, play games, and have high energy. The first day, we dealt with three teenagers so they were on their phones or watching TV, so not much conversation was coming from them.
- I learned how to print a lab for lab, collect, and send it off to the lab via the tubes on the floor, took out three IVs, carb counting, and practiced my skills again how to give medications (IVP & IVFs).

October 24th, 2024

- My second day in the Pediatric MedSurg Floor was even better than the first! I got my own patient, did my own documentation, practiced SBAR with my nurse, witnessed blood transfusion, took out a PICC line, and was more social with the pedi floor nurses.
- My patient that I had is diagnosed with down syndrome & hypothyroidism. Came into the hospital with hypoxia and hypoventilation syndrome. The story that we got from the night shift was "she was on vacation in colorado and when they came back to Lubbock that's when her vital signs started to drop & hypoxia." The mom was assuming the altitude of the mountains had to do something with it, so they brought her in for a check-up?? It was unclear, but there was no H&P or progress notes to get a clear story. They did an ECHO, but my nurse and I saw that they canceled the results. She is going to have a CT scan the next day (October 25).

- Otherwise, she was a great patient to have. I gave her enalapril and levothyroxine. Strict intake and output. Adequate diet (100% of breakfast, lunch, and dinner).
- I learned the in-depth process of a blood transfusion (start to finish). One of our patient's hemoglobin was at a 6, she had been having red sticky looking bowel movements, so the doctor ordered another blood transfusion. We got the order, did the request, got the blood, got a cosigner, equipment, and headed to the room. Everything is going well and the patient is well after 15 minutes. After the 1st unit is done, we prep the 2nd unit; everything good there too! The night shift nurse comes on so she can take over the blood that is running ... my preceptor notices that she did something wrong with the documentation. Nothing wrong with the blood, just wrong with the documentation. I think Daniela had dated the new blood on the 20th instead of the 24th, so it just looked wrong entirely. But it was fixed in the end and it helped me learn for when I am in the position for when I give blood in the future.

October 26th, 2024

- My third in the Pediatric MedSurg was great! It was a weekend shift so it was a different environment setting – we didn't have a secretary so we had to push the button to let families, friends, and visitors come in. We also had to make sure to do our vital signs because not sure if aides aren't scheduled on the weekends or they called in. Daniela had asked me if I was confident to take on two patients this day and I said yes.
- My first patient was a 14 year old, male who came in with a left wrist fracture / injury. He was trying to impress his girlfriend while roller skating and fell on his left wrist. He was scheduled for a closed versus open reduction percutaneous pin fixation of the left radius fracture. We got him prepped for surgery - he came back from surgery / PACU - started on post op vital signs. Routine neurovascular checks were also initiated. Back to a regular diet once we were able to see that we tolerated fluids PO. Later that evening, we got orders to discharge him home! I was able to give discharge teaching / instructions. How to maintain cast care, pain management, RICE, signs of infection - swelling - heat, and keeping the cast dry.
- My second patient was a 4 month old, male with RSV, Adenovirus, Retrovirus, and Enterovirus. I was able to do an admission document on this patient which was a first! Management of the patient was nystatin for thrush that the patient had, PRN acetaminophen, nasal spray, and destin. We also had suction as needed for any secretions that the infant had via mouth or nose.
- My main focus for this day was trying to manage and prioritize my time with my two patients and still follow my nurse around with her other two. I was still able to do my hourly documentation, vital signs, medications, and assessments on my two patients.

October 27th, 2024

- During this day, I understand now how three straight rows around straining on the body but this was my second day! My second day I was tired, had a headache, and it was hard to get out of bed. Yet, I gave my 100% for my patients, co-workers, and preceptor.
- My first patient was the 4 month old, male with RSV, Adenovirus, Retrovirus, and Enterovirus. He is on Droplet & Contact Precautions. Diagnosis of Hypoxia. Assessment that I did was a respiratory assessment – he sounded a lot clearer the second day but on expiratory I heard some wheezes.
 - Whenever the baby became irritable or fussy, we would suction as needed to help alleviate what was going on – usually it helped! He would have mucus and saliva in his nose & mouth.
 - Patient was on Q1 VS due to having 2L NC w/ humidification → the night nurse weaned him down to 1L NC w/ humidification and the patient was tolerating it. Throughout the day, my nurse and I got word from the physician/doctor that we can take him off NC and see how he does via RA. We did and he handled room air adequately – O2 sats were in the 93 - 95%
 - Patient was able to be discharged but the mom wanted to stay for one more to day to be on the safe side.
- My second patient is a 10 year old, male with a diagnosis of Henoch Schonlein Purpura (HSP). The HSP in a way looks like chicken pox but different sized spots all over his arms, legs, abdomen, and back. Patient's mom is really unsure of what is going on and the son was hiding these spots from here for weeks. Labs are being collected. We did a 24 hour collection. They monitor his kidney labs – BUN and creatinine.
 - Doctors don't know exactly what causes HSP. They think it's an autoimmune disease, meaning the body attacks itself. IgA is an antibody that normally fights infections. In HSP, it causes the blood vessels to become inflamed.
<https://www.webmd.com/skin-problems-and-treatments/henoch-schonlein-purpura-cause-symptoms-treatment>
- It was a great day overall, I am loving my preceptorship, the environment, and the staff. I applied for a Graduate Nurse position at CCH but its for PICU. It didn't specify where it would be, so I am bummed that it isn't for PEDI med surg. I am still hoping that a job opens for med surg.

November 1st, 2024

- This day was a busy day on the Pediatric MedSurg Floor!! We were up and down all down with our patients and other nurses – helping out wherever we can. My overall feelings for the day was great because I was exposed to different things this particular day.

- My first patient was a 14 year old, male with an open dislocation of the 2nd toe of right foot. He was running the night before and had ran into a brick. He went into surgery to do an open and closed reduction of the injury. Orders were to discharge the patient after the second round of the antibiotic cefazolin 1,000mg in sterile water 10 mL syringe. We frequently did peripheral neurovascular checks on the right lower extremity – cap refill was less than 3 seconds, no pain, no heat / coolness, patient verbalized that there was no numbness or tingling at the extremity, and patient wiggled their toes. After the 2nd antibiotic, we discharged the patient with teaching and removed his IV.
- My second patient was a 17 day old, male who presented to the emergency department with neonatal fever. Physicians started him on ampicillin 248 mg and ceftazidime 165 mg via syringe pump. They also did a lumbar puncture and labs show – 619 nucleated cells, 617 WBC, 2,250 RBC, and 99 protein. If any fevers spark up, there is acetaminophen PRN. The patient has been stable with us.
- This day was a busy one for all of us. We had an active seizure patient from another nurse taking care of her. She was actively seizing that lasted 5 mins, seizure protocol was followed, no medication was given but Ativan was on standby.
- Another patient, I witnessed a bridle be put on, not sure the mechanics or usage for it, but an NG tube was also placed with it.

November 2nd, 2024

- It was a cold, rainy day at the Covenant Children's Hospital & also a slow one. That day Daniela and I only had three patients to start off with. I took on the 17 day old, male that I had the previous day and let her have the other two. I am hoping that I can handle three patients come my next shift!! I want to show that I can handle more. I want to take the initiative, be bold in my actions, and not shy away when it comes to doing the task. I know what to do and what to say but afraid that I may say the wrong thing or do the wrong thing. People say that it comes with experience & time, but shouldn't I know by now after two years of school? Yes, I know the knowledge, criteria, skills, and what I need to know, but I think it's fear? Fear of embarrassing myself, fear of hurting someone or myself, or fear of losing all of this. I just want to be a good, competent nurse who knows what they are doing. I don't want to look like a lost puppy.