

1st 5 days reflection

19th October

The very first time I got to the floor I was nervous being in this place for the first time ever. The reception was very good, and the charge nurse introduced me to the whole nursing team which made me feel relaxed and part of the team.

We had three patients: an ICU, step down and a med-serve. As much as the first day was supposed to be introduction and orientation to the floor, my preceptor was so busy so was I and therefore orientation took place on the second day.

My highlight for this day was foley insertion which I did so well and both the preceptor and charge nurse who were in the room with me were so amazed. I had heard time pulling meds and the goal for the next day was to perfect my skills on the same.

I gave PO meds and IV push to my patients.

20th October

I was less nervous and was looking forward to meeting my patient and knowing how they did the night before. I took one pt, the med serve pt and did total care. I did head to toe assessment and did all the documentation including hourly rounds and assessments. I gave po and iv push meds. I explained the care to my patient and gave options to choose from. I also answered all the questions the pt had. Today I witnessed a conflict between the family members of the ICU patient. Some family members wanted care to be withdrawn, and some family wanted to continue care until death. On this day I learned the importance of having power of attorney or an advance health care directive and in future I will encourage my pt to have one for the times when they'll not be able to decide for themselves. Two of our pt were possibly discharged the following day. I improved in my med draws skills

28th October

Today my preceptor called in sick and was again nervous because I didn't know what to expect from a new preceptor. I was assigned to Leah who was happy to have me, and I learned a lot from her. We started the day with two ICU patients where one was stepped down after two hours of our care. I assumed care of one pt every 4 hours assessment, q2 turns and every q4 mouth care. I gave po, IVPB and IV push medicines. I did PEG tube feedings as well

Today's highlight was learning about PEG tubes. I checked residuals and learned that the less residual you get the better for the pt. I gave medications through peg tubes and flushed it according to the doctor's order. I did my hourly assessments and documented them. We got another patient admission at around noon. I helped with skin assessment, wound dressing and making patients comfortable by orienting them to the room. I gave a report to the incoming nurse.

1st November

My nurse and I and a total of 4 patients. I took 2 pts. After getting the report from an outgoing nurse, I took total care of them, did assessments and hourly rounds and documented all the tasks. With the watch of my nurse, I gave my pt their medications after assessment. One of my patient's blood sugars went up to 405 while the patient's intake was not adequate and was not on steroids. We took a lot of time with the patient to figure out what the cause of blood sugar spike was. We gave the insulin, rapid acting, according to the doctor's orders and stayed with the patient because their level of consciousness was declining. The patient was sweating profusely but was cool to touch and so we made the room comfortable for the pt. I rechecked my pt blood sugar 15 minutes after we gave the insulin the blood sugar had dropped to 365. We again administered short acting and long-acting insulin and after rechecking the blood sugar in about, it had gone down to 198. I fed the patient with chicken broth but the patient could not keep anything down, he could vomit despite being treated with phenogram. We reported this occurrence to the charge nurse so as to inform the doctor. The doctor ordered Blood culture to be drawn and patient to be put on NPO for possible CT scan. I helped with the feeding of one of my pt and encouraged them to eat by themselves. I delegated the bed bath of one of our pt who was stable to the nurse's assistance. At the end shift we gave a report to the oncoming nurse. I did help with the flex placement of a patient who was not assigned to us. I was happy for the learning experience

2nd November

We received a report from the outgoing nurse. We had the same patients as the previous day. We went to the patients' rooms to introduce ourselves to them. I did head to toe assessments on my patients and documented after reviewing the patient's lab results. We got the medications and administered them. One of my pt who was declining the day before was hooked up and was ready for dialysis. The pt blood pressure dropped to 73/34 20 minutes into dialysis even before any fluid was pulled out of him. The doctor was consulted and advised to stop the dialysis. I checked the patient vitals, and everything was back to normal parameters. The doctor ordered contrast with dye to be given to the pt 3 hours before the scan. The pt s taken down for CT scan at 1pm and the results showed both head and stomach were okay.