I was nervous but excited to start the first day of my preceptorship. Unfortunately, when I showed up that morning, I was informed that my preceptor had called. I was sad that he was not able to be there for the first day, but I was still hopeful it would be a good first day. I was paired with Ashton for the day, and she did a great job of teaching and making me feel welcome to the unit. I learned how to document information on EPIC like assessments, education, and care plans. Also, I attempted my first IV on an actual person, but unfortunately it was not successful. She also walked me through the process of how to give a lactulose enema through a Flexi-Seal for a patient that had and elevated ammonia level.

On my second day I got to meet my preceptor Jordan, and he was great as well. He did a good job of asking me questions about our patients, and making sure I understood what we were doing for them and why. I got the opportunity to remove my first PICC line, and also change out my first colostomy bag. Jordan wanted me to attempt to give report on both of our patients to the oncoming shift, but I expressed some hesitation because I have never been good at giving report. He sat down with me and gave me pointers on how to distinguish what information is the most important to say. This made me feel a lot more confident when I gave report to the oncoming nurse.

On the third day I was able to take care of my first post op patient with a stent placement from cath lab. I observed the removal of a radial arterial sheath, and also placement of a TR band. One of our patients needed chemo treatment for an autoimmune disease, so a chemo certified nurse had to come down to administer it. She explained the process of how to administer chemo, and also what the specific medication that this patient was getting was going to do. Also, what signs to look out for and what to do if an adverse reaction where to occur. I also learned what to do if a patient refuses a medication, and also how to return the medication back to the Pixis.

On the fourth day one of our patients was on a levophed drip. I was able to learn how to increase or decrease the dosing based on the parameters that the provider had set. This patient was also on Bi PAP, so I was able to learn how to manage and monitor it. We had a patient come onto the unit with an IO in place, and I was able to observe it being removed and look at it up close. Jordan then explained to me the implications on when one should be placed, and he also showed me a video on how to place one.

On the fifth we had the same patient from the day before. We had increased their levophed high enough that a second pressor was needed. Unfortunately, they were heading into MODS and palliative was consulted. Jordan explained to me what exactly the process would look like if the decision was made to move forward with comfort care. I was able to place my first flexi seal on a patient. Overall, I think I have come a long way and learned a lot. I am more comfortable giving report and performing skills. My confidence in my nursing abilities has gone up. I am able to use my clinical judgment and critically think more confidently.