

## Final Clinical Reflection

Starting on my sixth day of clinical, we had four patients; I had three patients that I did total care and performed documentation. It is a routine on that floor, nurses and nurses aid take report from the night charge nurse before taking report from the night staff, and each nurse call extension to reset patient's cardiac monitor at the beginning of their shift.

One of my patients had high level of ammonia and was confused, I gave lactulose, I also had opportunity to admit sodium bicarb to the same patient I found this one special because it is not a common drug use on floor where I have been before. I did two IVPB, admit subcutaneous med, bolus feeding, and medication admit through the PEG. I also performed wound care on patient neck where the trach was placed, I performed patient ambulation. This day was a sad day because one patient on the floor had a crash card near her room and family had to change her status from full to DNR because her health condition was declining.

My day seven I had four patients that I did total care, we were passing morning medication and had one patient left suddenly when we were notified that one of our patients is having A-fib, we just went ahead and put everything on hold because we received stat order for 12 leads EKG, normal saline bolus for 500 ml 167ml/hr and now lower the other 500 ml over 75ml/hr, digoxin 2ml, and increased dose of levonox 60ml; since his admission, the patient is refusing levonox shot. He was also the one receiving TPN cycling over 12hrs @75-150-75. My second patient was only Spanish speaking I had to use all my Spanish level to communicate with him and his family, he used special bed called envalla bed to help for pressure ulcer. My third patient was showing sign of progression and was on the list for discharge when he suddenly declined again and get very confused, apparently, he straight Cath himself at home because of

neurogenic bladder but we had an order to put an urethral catheter on him, I inserted the urethral catheter on him on one attempt. My fourth patient was having chronic hypoxia using accessory muscles to breathe, she was on continuous O2 sat monitor, she took her medication crushed with apple sauce, and other med was not meant to be crushed, but still she was having hard time swallowing them, she just chewed them with apple sauce. I did not know that colostomy was affected by gas, and for that reason my patient with colostomy bag was taking simethicone, we have to release air from the colostomy bag to help the stoma bag to stay in place.