

My final six shifts were very fun, and I learned a lot while I was working. My 5th shift we had lots of patients being discharged from the unit, so I got to help with multiple patient transports that day. We also had a code stroke activation and we transported our patient down to CT. Thankfully our patient was fine, we had just noticed she wasn't moving her left side as much as she had been when we extubated her. Her face also looked droopy, and we wanted to be safe rather than sorry. Towards the end of this shift, we admitted a patient for suicide precautions, so I got to help prepare the room for that. My 6th shift we had started out with two patients, one was a psych patient and the other was intubated. The psych patient had a round of SVT in the middle of the night so a rapid was called and she was transported to MI for cardioversion. They tried vagal maneuvers first then gave her metoprolol. They gave it to see if it would slow her heart rate down. It didn't slow so they gave her one dose of adenosine. She went into asystole for a second then converted to normal sinus rhythm. I got to help feed her breakfast and lunch since she was having a hard time doing it herself. Then we were told a patient needed CRRT and we would have to switch assignments as Bailey was the only qualified CRRT nurse on the floor that day. This patient was very sick, and her blood sugar kept running low, so I got to give her an amp of D50 and an amp of Bicarb. I got to see CRRT initiation and also helped other nurses on the floor. The psych patient kept trying to get up while her new nurse was in the other room, so I helped reorient her and put the bed alarm on. I managed multiple drips on this CRRT patient and worked with Bailey to stabilize her. My 7th shift I had two patients, and I started charting I&Os on both of them. Since we had so many CRRT patients, I was not able to do the I&Os, but I got lots of practice this day. I also got to do wound care on a patient who had cancer on her shoulder which had caused this massive wound and part of her collarbone to stick out. She was very sweet and complimented me on the good job I did. We got to discharge this patient home that day and I

filled out some of the discharge charting in epic. During this day, we gave our second patient a nice, good bath with warm water and soap. This patient was intubated but he was aware of everything going on. Turning was painful for him, so Rafael and I turned on some Tejano music to calm him. Rafael even grabbed a radio that was on the unit and programmed it for Tejano music after we had completed his bath. His wife loved that we had music playing for him and was very thankful. I also got to change out his clava and start tube feedings for him as he had been admitted recently and they hadn't started tube feedings on him yet. My 8th shift we had two patients, one was waiting to be transferred to the floor and the other was intubated. This day I got to take out and put in a new foley on our intubated patient. His foley was too small and it was leaking so we had to replace it. I had never been able to place a foley before and was very happy about it! We also switched his sedation meds from propofol to precedex to see how he would do. He wasn't super comfortable and tried to fight the restraints, so we titrated his meds up quite a bit until he was calmer. They also did a Cerebellar head test to see his brain activity. The fellow we had on the unit didn't like his response to the switch in medicine and how he wasn't fully waking up and following commands. There are stickers that go all the way around his head, and you have to activate them. Then you can run the test to see his brain function. I'm not sure where they look at this activity. His brain activity was fine, so we got to discontinue the test. On my 9th shift, it was very busy as we started out with two intubated patients. We ended up extubating one of them and helped her get comfortable. She has an abscess on her peri area from going to cath lab over and over again to bust clots in her left and right leg. We got to see one of the surgical residents come drain and pack the wound. Our other patient was on a paralytic drip, so I got to do the test to make sure we didn't need to titrate the drip. His family had disagreements about who could be in the room and was mad when they came up and saw certain family members

there. I got to see the charge explain to them that we were doing our best to care for the patient but ultimately can't police the room for people. This family thankfully understood and just needed some education. We had stopped the paralytic drip, and they didn't understand the protocol. After it was explained, they were very understanding. My last shift, I followed Bailey as the charge nurse. We did morning round and assisted nurses as they needed it. I got to do a central line dressing change for one of the nurses. I also attempted to place an NGT, but the patient's airway was too irritated, so I wasn't successful. We had two admissions that got assigned to come to us close to shift change, so I got these rooms set up and ready for night shift. Overall, I feel like I have become more confident in my skills and will continue to improve. I am very excited to say that I will be working on MI as a nurse in January and can't wait to see what I learn next. I really enjoyed my preceptorship and am very grateful for all the experience.