Nicholas Castilleja 12/1/2024
IM8

IM8 Clinical Reflection

At the start of my sixth shift for my clinical rotation, I felt excited and eager to begin operating more independently. From the start of my rotations, I had been trying to accomplish as much as I could so that I could become more comfortable with the floor and procedures on patients. In the later half of my clinical rotations, I felt that I could do more with the knowledge that I have gained with only the 5 shifts because I had a better understanding of how the Pediatric floor operates, and who to speak with regarding different modes of care for the patients.

What I already knew as I provided patient care throughout the second half of my clinicals, was that I knew how to safely administer medications using the seven rights of medication administration and aseptic technique, providing patient education, and utilizing as many resources as possible to provide quality patient care. I gave SBAR handoffs to the night shift for all my patients, helped with dressing changes, administered feeds through an NG tube, completed all documentation, including arrivals, discharges, and transfers, and flushed a JP drain. I also provided wound care to a patient with a spinal infusion incision and assisted with pressure dressing and brace placement. Lastly, I received handoff reports from flight nurses and transferring units.

The areas that I need to improve on regarding patient care at this point in my clinical rotations, are familiarizing myself with chemotherapy and blood transfusion procedures and documenting specific wounds and dressing appearances into the system. Also, familiarizing myself with lung sounds in pediatric patients.

One instance that taught me a lot regarding my clinicals happened with my last two clinical shifts. Both patients were respiratory patients, one was a 4-year-old female admitted from the PICU on the first day, positive for pneumonia and Rhino enterovirus, and the other was a 2-year-old male admitted two days before, for hypoxia due to illness, but respiratory panel showed negative for flu, Covid, and RSV. On the first day, the male patient had 3 liters of oxygen via Nasal Cannula and seemed to be doing well until the later half of the day. He then began showing signs of excess accessory muscle use, retractions, and nasal flaring, which caused concern and led to him being placed on 10 liters of high flow oxygen by Respiratory therapy. Despite all of this, his pulse oximeter showed 96% and greater throughout the assessments. He also had rhonchi lung sounds in his lower lobes. We did end up weaning the oxygen down to 3% on high flow, after he showed great improvement in appearance on the second day. On the first day, the female patient was transferred with 2 liters of oxygen via Nasal cannula, after being admitted to PICU and weaned down from 15 liters of oxygen. She appeared to be in no respiratory distress, and tolerating the 2 liters of oxygen well, and eating and drinking well. The beginning of the next day, the patients pulse oximeter showed to be 85-87% on the monitor, but the patients appearance showed no signs of distress after assessing. The patient did have diminished lung sounds in the lower lobes. We sat her up, suctioned her, and had her cough and drink fluids, but she stayed at 86%. We also changed out the equipment and tested on multiple devices to ensure that the reading was accurate. We finally had to bump her up to 4 liters and add humidification to her nasal cannula. We also consulted respiratory therapy, who administered a breathing treatment. But both the patients taught me that not every patient is going to appear the same, and it is important to pay attention to every detail and utilize critical thinking instead of relying on signs and symptoms to provide quality patient care.

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I will use what I learned in these clinicals to be able to perform the skills I was able to complete, with confidence and continue to improve my technique. I will also utilize my experience of giving and receiving reports, to be able to identify key parts of the patient's updates and be able to help other nurses provide quality care to my patients. I also will utilize my documentation for others to be able to analyze my patient's status and interpret any changes in my patients. I have also learned and will continue to utilize my patient education and communication to better assist patients and their families in their plans of care.