

Final Clinical Reflection
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Throughout my last 5 shifts I was able to take care of a variety of patients and continue to build upon my knowledge and skills. Days 6 and 7 I had the same patients. One was a three-month-old who came in with a subarachnoid hemorrhage due to the father shaking him and dropping him on the floor. The incident caused him to have a buildup of fluid in his brain, requiring a drain to be placed, and to be put on an EEG monitor to watch for seizure activity. This patient had an open CPS case, but the mother was allowed to be in the room since the incident happened while at the father's house. The mother was a 16-year-old girl, which caused some issues when being talked to by CPS. Because of her age, she was not allowed to talk to CPS without an adult present, so her mother, the patient's grandmother, was also at bedside. The mom and grandma both seemed to need a lot of extra education and cues on when to feed baby, change him, etc. Upon discharge, we really stressed the importance of giving the patient's medication on time every day to prevent seizures. Furthermore, we covered all of the legalities of the CPS case and their "safety plan" for if the father tried to contact them.

The other patient was a twelve-year-old who was hit by a vehicle, arrested twice on the scene, and had a multitude of injuries. He had previously been intubated, sedated, had an external fixator, etc., however, when I had him, we were working a lot on pain control in addition to controlling withdrawal symptoms from all of the medication he was on. His family was at bedside and were very attentive, however, there were times when they got in the way of giving proper care to the patient. For example, the patient was starting to show signs of foot contractures due to the extended time in bed, so we were putting the podus boots on every 2 hours on/off to help stretch the feet. The patient complained of pain, which is to be expected, but the family took off the boots rather than leaving them on to help stretch the feet. This required some education on how important it was for the patient to wear the boots with the hope that he'll be able to walk again.

Day 8, I had a patient with Lennox-Gastaut Syndrome causing a baseline developmental delay. The patient was brought in for increased work of breathing and hypoxia. With this patient, I got to learn proper G-tube care and med admin through the tube. I also got to make clinical judgement decisions on when to give PRN medications for fevers the patient kept spiking.

Day 9 was a half day, but a very interesting one. We had a baby girl who was previously in NICU due to being very preterm (born at 23 weeks) and having lots of breathing issues. However, she was transferred to PICU so she could be started on ECMO. I got to learn about ECMO, calculating drips, vent settings, sedation, foley care, oral care, and ART line blood draws. This day was a little more overwhelming because it was probably the sickest patient I have taken care of so far, but I was very excited to get to learn about lots of new things.

My last day of preceptorship we had one baby who had RSV and was on non-invasive oxygen therapy. We started the day with her on that, moved her to CPAP settings, trialed high-flow, but then the patient was tachypneic and agitated, so she was put back on the non-invasive. We had some sedation on, so we worked on calculating that and weaning it down. We also had to be

very organized, checking vital signs and watching trends hourly, looking at urine output, repositioning, doing oral and foley care.

Our other patient was a one-year-old who originally came in for an ileus and positive corona diagnoses. However, once she was admitted it was found that she had been having some seizure activity and very out of range sodium levels. The patient had a history of a Chiari Malformation and a baseline developmental delay. With this patient, we had to do a lot of doctor communication. We requested for feeds to be restarted (because GI had cleared the patient), we had to ask about changing the maintenance fluids because of the high sodium, and we had to ask about adding a stool softener because the patient had not had a bowel movement in 5 days. This patient also required family education. The grandmother was saying the patient was acting thirsty because of the way she was moving her mouth (the patient was nonverbal), so she tried to give the patient water through a syringe in the mouth. We had to educate that the patient was not able to maintain and clear their airway, so this could cause her to aspirate and get pneumonia.

Throughout my preceptorship, I gained so much knowledge about kids, assessments, skills, charting, communication, professionalism, education, and more. I also grew in my confidence in myself as a nurse. A lot of this growth is because of my preceptor Kristian and how amazing she was. She allowed me to ask lots of questions and always went into detail when explaining things. She also gave me a lot of freedom and pushed me to take the lead on planning our day and making decisions for what our patients needed.

This preceptorship furthered my love for kids and for nursing. It is so cool to get to take care of these kids and their families, to be hands on and playing a role in making them feel better. I am thankful for this experience and am very excited to begin my career as a nurse and further my knowledge.

P.S.,

Ms. Pia if you read this – you are awesome!! Thank you for all you did for me this module!