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Mrs. Pia

Module 8

Midterm Reflection

Over the past couple of shifts I had the privilege of taking care of a 13yr old male who came to the PICU with Sepsis. Throughout these shifts, I learned how to care for a high acuity child, identify when a patient is declining, and how to navigate communicating with the patient's family in a professional caring way.

Upon his arrival to the unit, this adolescent had a fever of 105 degrees. He was hypertensive, tachypneic, tachycardic, and his face was swollen on the right side. He was very talkative, alert, and oriented upon arrival. Testing and imaging revealed osteomyelitis, sinusitis, and a potts puffy tumor. These infections were believed to have come from a tooth infection. Treatment included two surgeries and IV vancomycin. The first surgery was a craniotomy to place a Jp drain to help drain the infection surrounding his brain and the fluid in the two cysts found at the bottom of his skull. Two days after his main surgery, he went under anesthesia again for a sinus debridement. A couple of days after his sinus surgery, he became unresponsive, and his blood pressure became labile. The unresponsiveness was a result of increased intracranial pressure (ICP). With his ICP rising

and fear of a brain herniation occurring, they sent him to surgery to place an EVD. After he came back from surgery, he was able to come off the ventilator. However, his overall neurological status has not improved but worsened. This was clear as he was unable to move the left side of his upper body and both of his legs. Additionally, he was unable to communicate with the staff and his family. He did not withdraw from pain, and his right arm began involuntarily jerking, resembling a seizure. An EEG was done, and it showed no signs of seizure activity. Although the results were encouraging, the reality remained, this patient was still quite sick, and his parents were scared.

As the parents of our patient tried to understand what was happening in real time, they had a challenging time comprehending the severity of their son's condition. You see, both parents were blind. The mom asked me "is he ever going to be normal again". After acknowledging her question and fear, my preceptor was able to encourage the mom to talk to the hospitalists and neurosurgery about her concerns. She went on to empower her to specifically ask about the change in their son's neuro status. This seemed to give the mother direction and a hint of control in a very scary situation. At shift change we communicated to the oncoming day nurse of our concerns as well as the mother's concerns. This communication seemed to help the mother as well.

The time I spent with this young man and his family taught me a great deal. I learned how to care for a high acuity patient, recognize when a patient is declining, and how to communicate effectively and compassionately with parents who learn differently secondary to a disability. I am extremely grateful for this experience, and I will most certainly take all I learned with me into my professional nursing career.

It is a big concern of mine that the hospital does not have a neurologist on staff.

While they do have a neurosurgeon, they don't have a neurologist to manage this patient. It is my understanding that this patient will need to be followed by a neurologist as he undergoes multiple therapies. It is important for all on this young man's team to consider transferring to a facility who can care for him neurologically.