

Midterm Reflection

When my preceptor and I started getting report, I recognized one of the patients. She had previously been an ICU patient on an previous admission. As soon as the family saw me, they perked up and smiled. Due to knowing the patient, I decided she would be the one I assigned myself to.

The patient had been readmitted due to DKA, and had just been moved to the Medsurg floor from the ICU. I found out that before she came to the hospital, she had symptoms of lethargy, altered mental status and had fallen at home. Due to continuous complains of pain to the right hip, the doctor decided to do an Xray and found a right femur fracture. I also found out during report that the patient had received dextrose previously to us coming in because her sugar had been severely low.

I started my day checking the patient's sugar and getting a general picture of what my patient looked like. She was a little lethargic. She only answered yes or no questions, and was very hard to understand when she said anything else. I checked her sugar. It was on the lower side, but nothing to worry about especially with breakfast on the way. I reported the sugar to my nurse and began getting familiar with how I would start my documentation.

I went in after breakfast and began my assessment on the patient. One thing that really stood out to me was the way the patient would react when I touched her right wrist. She showed obvious signs of pain. Another thing that caught my eye, was the way her central line dressing looked. It was a little dirty with a pink tinged liquid around the insertion site. I thought it was weird because the night shift nurse had told us during report that she had changed it last night. I verified the date and time on the dressing before getting back with my findings to my nurse. She told me to chart the findings, and that we could give the patient some pain medications if we needed to.

Before lunch, I went to go check my patients blood sugar again. This time it was 58mg/dL. My patient looked no different than she had previously. I quickly told my nurse and looked at the orders. She had dextrose ordered for anything under 69mg/dL. We gave it through her central line. While we gave it, we noticed that the dressing was even messier from the previous time we had checked on it. I asked the family member how much breakfast the patient had ate. She informed me that the patient had refused her breakfast. I was thankful that we had held her insulin that morning.

We went to tell our charge what happened and brought up the central line. She told me I could pull it because it was probably infected. I also brought up the patients wrist and recommend an X-ray just to be sure it wasn't broken. She asked me a couple questions before that I had no idea how to answer before she got up and went to get check the patient herself. When she got back, she consulted with the doctor and he ordered an X-ray.

I felt confident at the beginning of the shift especially when I saw my patient. My confidence quickly dropped through out the day. I felt like I kept getting obstacles and a realized I wasn't as thorough as I had previously thought.

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The good thing about this clinical is that I realized how important it was for me to have good communication with the CNA. I could've told her before hand to let me know how much breakfast the patient had eaten due to lower sugar readings. I also realized how much information I needed to remember about my patient when I was talking to my charge nurse about the X-ray. It was definitely a humbling moment for me.

I believe that interacting with my patient and the family went very well for me. I found it difficult to remember the "little things" such as reassessing pain. I was having a hard time staying organized as well.

The reason I think that the patient was having low blood sugars is because the patient wasn't eating and she was still given her long acting insulin during the previous shift. I still don't understand why her central was leaking. We got good blood return when we checked patently and she had no white blood cell elevation. I did some research and saw that it may have been the catheter had a tear. I assessed it when we pulled it out, but it was intact and I saw no tears. I did find it confusing that we didn't send the catheter to the lab for a culture, but my nurse said it was not necessary.

I learned how to stay organized after this clinical. My preceptor showed me how she stays organized and sets herself reminders throughout the day. I also realized that I tend to be task oriented and need to slow down to pay attention to detail.

I've been using these situations to be better prepared for any unexpected situations and plan my time accordingly. I've also payed more attention to details I normally wouldn't notice. Overall, every shift I get better and I'm a step closer to being a better nurse.