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CSON Module 8

Ms. Pia

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### Final Reflection

I had the honor of taking care of a 4yr old male in the PICU with a history of Cerebral Palsy (CP) and Lennox-Gastaut syndrome (LGS), a seizure disorder. This patient was different than a lot of our patients we see in the PICU. This patient was a DNR. He came on the unit due to pneumonia and the need for high flow. During my shift I was able to observe the two doctors on his case disagree on treatment confusing the family on if he was getting better or not. After the main doctor on the case talked to the family, he was able to explain to them, although his pneumonia was acute his disabilities were chronic and the road to healing his pneumonia was an uphill battle. After the doctor stepped out it was up to my preceptor and I to clarify what the doctor was saying. We were able to effectively communicate. Upon assessment the patient's eyes were fixed. He was nonverbal and unable to move. Comfort was our primary goal. Throughout the night the patient breathing became more labored and by morning he was on non-invasive. We were able to give Ativan and Morphine PRN whenever his heart rate and blood pressure went up. Two days later, on his birthday, my patient passed away in the comforting arms of his family.

During this shift I felt helpless because despite giving Ativan, Morphine and repositioning him for comfort, my patient was never able to fully rest. Every time he exhaled, he let out a grunt of effort. His poor mom barely had any sleep and was up often

with him holding him and singing to him. I know not every case ends in a happy conclusion and he had been struggling for a long time, but I wish I could have done more for him and his family as far as comfort and support. I asked my nurse what more can we do, she said we can be there for the family, give him meds when needed, and advocate for the pt and the family. Dying is painful. I would like to make it as painless as possible for both the family and the patient.