

Breanna Perez

Reflection

During my time in the operating room I was assigned to a nurse on the heart team, and I was able to see multiple different surgeries. I got to see a lot of open hearts, but one case in particular stuck out to me. It was Dr. Eastman's case, it was a coronary artery bypass on a male, it was pretty 'routine'. I was with my preceptor throughout the case, things were going good, in the middle of the procedure there were no complications as far as we knew. Me and my preceptor were in and out of the room grabbing supplies they needed and just routine things, nothing out of the ordinary. It comes to the end of the procedure, the patient is being closed up, SICU is called, bed is ready, Dr. Eastman is scrubbed out and is sitting watching the tech close up the patient when he starts to call attention to the mediastinal chest tube. The chest tube was just producing a little too much blood for that time, so we started to troubleshoot it, suction, adjusting the suction, everything. The doctor finally decides something isn't right, the patient shouldn't be bleeding that much, so he decides to reopen, which is where things got a little intense. The doctor, rightfully so, is frustrated, the techs are on edge and my preceptor is starting to get into Go mode. I was calm, I honestly didn't know the extent of the situation because I had only seen successful open hearts. Once I picked up on the tension in the room, I did start to get worried. I was scared as the case went on because they kept giving the patient clotting factors and nothing was working, he was still bleeding, I was really hoping the worst possible outcome wouldn't happen. After multiple attempts, the patient got stable enough and was able to be sent up to SICU. This made me feel at ease, I was sure the patient was going to be fine. Up until the patient was sent back for about 45 minutes later to open back up. Unfortunately my shift was over a little bit into the bring back, I left feeling worried for the patient. It was really unsettling and unfortunately being in the OR you don't ever really get to follow up on patients so it was different not being able to go back the next day and see the patient like you would be able to on a regular floor. I know the doctor and the rest of the team really tried all they could and I do believe the patient ended up being able to be closed. I feel like I handled it fairly well, I didn't freak out during the situation, I kept my composure and followed the lead of my preceptor. I didn't try to ask many questions during the situation, I helped as much as I could, I opened laps and rays and anything the team needed. Even though it wasn't a code, it was still scary. I've never been in a code but I would definitely say it was good practice if I was in one. My preceptor agreed that it was a tense situation but that she trusted the doctor to do all he could. I feel I could have made the situation better if I was educated more on the necessary steps for someone who is bleeding a lot. I of course had expected this to be a routine bypass, and I quickly learned there is rarely, if ever, a 'routine' procedure. I believe because of the great doctor and team the patient got the best care for the situation provided, I know for future reference the best thing to do in a similar situation is to stay calm.