

My preceptorship has been amazing thus far. I have been able to learn so much although I have only completed two shifts. My first shift started with a busy morning. One of our patients was being rounded on by the NP while the nurse and I were getting report. The NP asked to put in a STAT CT because the patient was not breathing independently on the vent (we soon found out that was a decline in her status). I learned we had to get the respiratory therapist to go with us to CT since she is on the vent. We communicated the need for this and came to an agreement to wait for the RT to make his rounds before leaving the unit. My nurse and I were able to stay down at CT and watch the whole process. It was very interesting to see the other side of healthcare and how the machines work. After coming back to the unit, we passed meds via subQ and peg tube. During the doctors rounding, I was able to listen to the plan of care for the patient and how to talk to the family member about the status of the patient. It was a tough conversation to stand in, but it was important for the family member to understand what is happening/ will happen to their loved one. The rest of the shift was more relaxed as we did Q4 oral care, pass meds, Q1 output from a foley, trach care/ suction, bathing, and Q2 turning. For our other patient, new orders came in and we had to make our other patient NPO due to an IR procedure. The patient ate breakfast, so we had to delay the IR procedure until later in the afternoon. The care team made their rounds and the nurse and I went over the consent forms after the procedure was explained. When it was time to go to IR, the IR team let us stay to watch the procedure. We stood behind the doctor and watched the procedure on a big screen while another scrub nurse was explaining the procedure. Once they were finished, we checked the incision site prior to leaving, but when we got up to the unit the patient had a hematoma. We applied pressure and grabbed a sandbag to stop the bleeding. I was taught about the protocol for post procedure vital signs and flat time, and in return I was able to educate my patient. On my first day I didn't chart because the nurse was showing me exactly what I would be charting for the shifts to come. The second clinical was very different from my first day. One of our patients had two chest tubes. I kept up with charting the output Q1hr, monitored the atrium for an air leak (both were leaking), and checked the insertion site for abnormalities. Both patients had lots of labs throughout the day, such as a Q6 h&h, and I used their IV/ ART line to retrieve the labs. The doctors wanted to get a better I/O on one our patients, so they put in an order for a foley. We tried an 18fr foley but needed to move to a 14 due to his prostate obstructing the foley. I felt bad having to try two times, but the patient took it like a champ. For this shift I charted a full assessment on one of the patients for every 4 hours. This also included pain management follow up charting. Victoria, my preceptor, has been very detailed while explaining procedures, disease processes, and the significance of frequent labs. Although I am on a surgical floor, I have been able to take care of a neuro patient and brushed up on how to keep ICP from increasing. I look forward to my next 8 shifts for more experience in the ICU.