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## Final Reflection

Completing my preceptorship in the Neuro Surgical Intensive Care Unit has been such an amazing blessing. Getting placed on my number one choice of floors is something that I never would have dreamed of just 2 years ago. During my last 5 shifts I got the opportunity to take on 2 patients for my 12-hour shifts. Throughout these 10 shifts my preceptor, Brenna, has been so supportive and so motivating. She would always take time to explain things to me in a way that made sense to me. I have loved getting to test my critical thinking skills, time management, and communication styles with my different patients. Caring for these patients during their most vulnerable times has been one of my favorite parts of this preceptorship. I have gotten to take care of stroke patients, patients that had a subarachnoid hemorrhage, aneurysms, brain masses, gun-shot wound patients, and people with altered mental status. During the last 5 shifts, I have gotten more confident in my abilities to document assessments, medication titrations, and neuro checks.

A couple of shifts in this second half of my preceptorship have been challenging. There were a couple of hard days where Brenna and I both felt a little helpless for our patients. At the end of the day, unfortunately, there was only one outcome for these two patients. One of these patients was an older gentleman who lived in an assisted living. He had fallen a couple of days prior and came to the emergency room. The ER checked him over and sent him back to assisted living. The ER did not realize that he was on Eliquis and when he fell and he obtained a chest wall bleed and a subdural hematoma. A couple days later he came back to the hospital with a very bruised face, an evident subdural hematoma, and a large subcutaneous hematoma on his back. He was admitted to our floor because he was planning to have an embolization and a burr hole procedure to stop any further bleeding and to wash out any of the old blood. All morning, we had been titrating his Levophed trying to maintain a decent blood pressure. While we were waiting to take him down to surgery his blood pressure and oxygen levels started to drop. His daughter ran out to inform us that he felt like he couldn't breathe despite being on 4 L nasal cannula. We rushed in there to increase his oxygen to 5 L, titrate up on his Levophed, and to get him started on Vasopressin and Neo-synephrine. Unfortunately, none of the pressors were helping his blood pressure anymore. The older gentleman was very uncomfortable and had started agonal breathing. We informed the daughter of the situation and what was all going on while we were trying to get him comfortable. His blood pressure continued dropping and his comfort level kept decreasing. We gave him Fentanyl and Morphine to help relax him and just made sure we were there for him and his daughter to help him pass peacefully. It's hard to think what would have happened if the ER had done a CT and had caught all the bleeding sooner. I'm not saying that the outcome would have been necessarily different but maybe he wouldn't have been so uncomfortable during his last couple days.

Having all these what-ifs make you wonder what you could have done differently, if anything. Going through these experiences is eye-opening for me and helps me remember that this is what I want to be doing. During this older gentleman's death, the floors teamwork was impeccable and really made the whole situation easier for us as nurses but more importantly the family.