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Midterm Clinical Reflection

My first day on SICU 4, I had a patient who I thought was fairly young. He was in his early 50's. He had a history of a heart attack ten years prior. He didn't follow up with his cardiologist as recommended. His family reported that he didn't comply with his medications. He was taken to the hospital via ambulance for a suspected stroke. While listening to report, the nurse had mentioned how his GCS had been declining over the past 2 days. She gave her last GCS and informed the oncoming nurse how she started noticing changes in the patient's skin and vital signs. When hearing the rest of report being given, it saddened me to hear how young the patient was. He was barely in his 50's. He had four children, two of which were under 18 years old. Throughout the day, the patients slowly started declining even more. Eventually, life gift had to be called. The nurse began explaining to the family that due to the severity of the patient's condition, there was no improvement to expect. At first, they seemed to be in disbelief. The wife kept asking if he would get better once the medications began to work. The nurse had to repeatedly explain that the meds were keeping him alive but weren't going to improve his condition. Eventually, the rest of the family was called and told to come say their goodbyes. The worst part for me was hearing his youngest daughter cry out in pain for her father. Working at the hospital, it has shown me that anyone can take a turn for the worse at any given moment. To appreciate your time with your loved ones and never take precious time for granted. The patient was on multiple drips, and we had to continuously titrate them. I felt awful having to regularly go in the room and interrupt the family time to manage the IV meds. I really enjoyed the way the staff communicated with the family and how empathetic they were. Therapeutic communication plays a big part when working in the ICU. Its applied everywhere but I feel more so when a patient is declining and not expected to survive. When life gift arrived, they spoke to the patient's wife. At the time, he had several family members and friends present. The wife was okay to donate but the friend interfered and told her that it was wrong and that he should be left in peace. The lift gift representative seemed annoyed by the situation. She mentioned to the nurse and I that it should be the wife's decision and not the friends. When I was first informed that life gift would have to approach the family, I was somewhat upset. I felt that if it was my family, it would be an awful time to get approached with that request. I understand that organ donation is important, and timing is crucial, I just don't agree with the timing to approach the family. Towards the end of the shift, we began telling the family that our shift was almost over and asked if they needed for us to do anything before we left. The wife smiled and had tears in her eyes. She began to thank us for our time and for caring for her husband. She was very appreciative of the care we provided. She asked that we go in before we left. We began updating the Kardex for the next nurse

with the new lab values. Throughout the day, my nurse explained every procedure, care, and med that was being given. She was very thorough and allowed hands on teaching. She demonstrated how much passion she has for her job. I look forward to being a preceptor like her one day.