Nicole Campbell Reflection

1. Description

During my shift in the CICU on Friday, I was providing care for a patient admitted with respiratory failure. While we were admitting her, the patient began to decline, showing increased work of breathing and worsening distress. After she was settled, she was placed on a non-rebreather mask, as she initially refused to wear BiPAP. I assisted by obtaining the necessary labs, helping her change into a gown, and working to keep her as comfortable as possible. Other team members administered medications, collected cultures, and assisted with repositioning. Despite these efforts, the patient continued to decline, becoming increasingly fatigued and gasping for air.

Recognizing her anxiety and fear, I offered reassurance by holding her hand and explaining that although the BiPAP mask was uncomfortable, it would help her breathe. With encouragement, she eventually agreed to wear the mask, which provided some relief. However, due to the severity of her respiratory fatigue, she was expected to require intubation. The incident concluded with close monitoring of her respiratory status until she was stabilized enough for transfer to another unit.

2. Feeling

At the beginning, I felt focused on admitting the patient and completing tasks. I was thinking about getting her settled and comfortable. As she declined, I felt concerned and aware she might need intubation. Seeing her fear made me feel compassion and want to reassure her. The teamwork from others made me think about how supported I was, which made me feel reassured. When she accepted the BiPAP, I felt some relief but also worry knowing she was very tired. The strongest feeling I have is compassion because I wanted to comfort her while helping her breathe.

3. Evaluation

One good thing about the event was how well the team worked together to support the patient. Everyone stepped in quickly, and eventually she agreed to use the BiPAP, which gave her some relief. The hardest part was watching her struggle to breathe and realizing she was becoming too tired, knowing intubation would likely be needed. The easier parts were the admission tasks, like drawing labs and getting her settled, but the difficult part was addressing her fear and helping her feel reassured while she was gasping for air. What went well was the teamwork and communication—while I focused on her comfort and reassurance, others were getting medications, cultures, and helping with her positioning. I feel that I contributed by completing the admission tasks, helping turn her, and holding her hand to calm her when she was afraid. I think I did well in supporting her emotionally, while my teammates did well in handling the urgent clinical needs. I had hoped she would improve more with the BiPAP, but because she was already so exhausted, her decline was quicker than expected.

4. Analysis

In this situation, my knowledge of respiratory failure helped me anticipate that the patient's refusal of BiPAP would only be temporary, as fatigue would eventually make intubation likely. I also knew from my studies that noninvasive ventilation is often difficult for patients to tolerate, and current evidence shows that alternatives like high-flow nasal cannula or even light sedation can sometimes improve compliance. In the moment, though, what mattered most was balancing the urgency of her declining status with the human need to feel safe, holding her hand, explaining the mask, and reassuring her while the team worked around me. From my perspective, I was focused on comfort and admission tasks; from hers, it was fear and exhaustion; from my colleagues', it was urgency and clinical intervention. Together, those perspectives shaped the care she received. What was really happening was not only a decline in respiratory status but also the intersection of physiology, fear, and teamwork, reminding me how critical it is to combine evidence-based practice with compassion in the ICU.

5. Conclusion

Thinking back, I could have made the situation better by anticipating her fear earlier and offering reassurance before she became so exhausted, which might have helped her accept the BiPAP sooner. I also could have slowed down for a moment to explain what was happening in a clearer, calmer way while still moving quickly with my tasks. Others might have made the situation better by providing additional comfort strategies. Perhaps involving a family member if one was present or considering alternatives like high-flow oxygen earlier to ease her anxiety. What I learned from this event is that in critical care, it's not just about completing the urgent tasks; it's about recognizing that a patient's emotional state can directly affect their willingness to accept life-saving interventions. Balancing speed, teamwork, and compassion is what ultimately makes care safer and more effective.

6. Action

Overall, I think this situation showed both the challenges and the importance of caring for critically ill patients who are frightened and declining quickly. The main conclusion I can draw is that even in urgent situations, small acts of reassurance can make a big difference in how patients respond to treatment. I justify this because the patient only accepted the BiPAP after I took the time to comfort her and explain, which temporarily stabilized her. With hindsight, I would try to recognize her fear sooner and use clearer, calmer communication earlier in the admission process, which might have reduced her anxiety before she became so fatigued.

The lessons I've learned are directly applicable to future events—balancing urgent clinical tasks with emotional support and remembering that patient cooperation often depends on how safe and understood they feel. These lessons apply not just in respiratory failure but in many other critical care situations where patients are vulnerable and scared. This experience has taught me that professional practice requires both technical skill and emotional presence, and it reminded me that I can stay calm and supportive even in stressful moments. Moving forward, I will use this experience to strengthen my ability to anticipate patient fears, to communicate with compassion under pressure, and to work closely with my team so that both the medical and emotional needs of the patient are addressed together.