

## Week Four Post Conference

Heidi Castro IM8 NICU

Going into my first shift in the neonatal ICU, I was overwhelmed with anxiety and readiness. I had only been into the in ICU one time, back in October of last year. Following the unit huddle, I met with my preceptor and immediately I felt my anxiety disappear. Once we received report, I immediately began giving care times with each one of our patients. I felt confident in changing, diapers, taking vitals, and bottle feed. I had this experience from my little sister, who is 15 years younger than me. As I watched my preceptor and the other nurse chart, I knew I had to pay special attention because I had no prior experience documenting care.

Throughout this process, my preceptor, and I got to know each other as she told me things about herself, her family, and most importantly her father. A few hours later, she received a message that she needed to check on her father and had to leave. Although our time had been cut short, I immediately recognized that I needed to care for these patients and speak to the charge nurses about what cares and tasks had already been completed. Another nurse from the unit was able to take over our patients for the remainder of the shift along with having me as a student. On shift two, my preceptor had called in. However, I was able to be placed with another nurse, who was also an excellent teacher. Throughout my shifts, I noticed areas that I needed to improve on. For example, I had watched my preceptor and the other nurse chart closely, I knew I had to pay special attention because I had no prior experience documenting. I also had learned other tasks like working the phototherapy machines and gavage feeding the infants. By shift number two, the nurse had allowed me to do all the care for one infant and show me how to document specifically on that patient, which helped me find a routine.

One of the most valuable advice that I was given, was that the best nurses on the NICU put on masks, gloves, and head covers every single time that they access an IV or central line for a patient. My preceptor told me that every time we access an IV or central line on an infant, we are placing them at risk for infection, therefore the extra precautions

are strictly followed. Knowing this, I will take this knowledge and apply it to my future practice from this point forward. Although my time with my original preceptor was short, I have been with great nurses who took me under their wing and have gone out of their way to mentor me and support me.