

Midterm Clinical Reflection

On August 15, 2025, a patient was admitted through the emergency department with a diagnosis of stroke and cardiogenic shock. He was transferred to the NSICU at approximately 12:30 a.m. on August 16, 2025. When I began my clinical shift at 06:40 a.m., I received an SBAR handoff from my preceptor regarding his condition. At that time, the patient was hypotensive (BP 90/50), hyperthermic (temperature 102.0°F), and tachycardic, experiencing intermittent episodes of supraventricular tachycardia (SVT).

Those involved in the patient's care during this period included the day-shift charge nurse, providers, my preceptor, and myself. Providers entered the room to assess the situation and determine the next course of action. Under my preceptor's guidance, I assisted with the initiation of an amiodarone drip to manage the arrhythmias, the administration of propofol and levophed, and the application of cooling measures, including wet washcloths to the head and ice packs placed under the arms and abdomen. Following these interventions, the patient's heart rate was stabilized with amiodarone, blood pressure improved with levophed, and temperature decreased to 100.0°F.

At the beginning of my shift, I was feeling focused and ready to start the day, but also somewhat nervous knowing I would be caring for a critically ill patient. I was thinking about how important it would be to carefully observe everything happening with my patient and to follow my preceptor's guidance so I could better understand the situation.

During the event, I remained calm and attentive, though I felt a genuine concern for my patient's condition. When the providers entered the room to discuss the plan of care, and my preceptor and I began implementing interventions, I recognized the strong teamwork within the interdisciplinary team, which reassured me that the patient was in good hands.

This reassurance made me feel supported, knowing I could contribute meaningfully while still learning under guidance. When the patient's condition stabilized after the interventions, I felt relieved and also proud that I was able to assist under supervision in helping provide safe and effective care.

The team worked efficiently, which helped stabilize the patient quickly. I was able to actively participate in patient care under supervision, enhancing my learning experience. The patient's heart rate, blood pressure, and temperature were

successfully stabilized, and the team communicated clearly and effectively throughout the process.

It was challenging to remain calm while closely monitoring the patient's fluctuating vital signs and anticipating the next steps in care. I contributed by observing the patient closely, assisting my preceptor with medications (amiodarone, levophed, propofol), and applying cooling measures to manage hyperthermia. I stayed attentive, assisted accurately with interventions, and continued applying cooling measures as needed.

I was initially concerned that the patient's unstable condition might not improve quickly, but the interventions were effective, resulting in a positive outcome. I felt relieved that the patient stabilized and proud that I was able to assist under supervision while learning from the experience.

The patient was experiencing multi-organ complications, including decreased urine output and ongoing arrhythmias. The patient was at high risk for multisystem organ failure. The patient's heart was attempting to compensate for his low blood pressure, while the kidneys were failing due to reduced perfusion.

Overall, this situation was a highly educational and intense experience. It reinforced the complexity of managing critically ill patients and highlighted the importance of teamwork, communication, and rapid interventions. In hindsight, I would review the patient's most recent vitals and lab results more thoroughly at the start of my shift and ask questions earlier to anticipate changes in the patient's condition. I can apply these lessons in future situations by remaining calm under pressure, following guidance, and participating actively in patient care while continuing to observe and learn from experienced staff.

