

Final Clinical Reflection

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Step 1 Description

A description of the incident, with relevant details. Remember to maintain patient confidentiality. Don't make judgments yet or try to draw conclusions; simply describe the events and the key players. Set the scene! It might be useful to ask yourself the following questions

- What happened?
- What were you doing?
- What was the result?

During one of my final clinical shifts in the SICU, I encountered a critical situation that deeply impacted my understanding of nursing in high-acuity settings. My preceptor and I entered a patient's room just as a 51-year-old male began experiencing continuous seizures — a state of status epilepticus. The night shift team started preparing to sedate and intubate him to stabilize his condition, and we immediately offered our help and assistance. The patient had a complex neurological history. A few months earlier, he was hospitalized following a fall, which led to the discovery of subdural hematoma. He underwent a successful craniotomy but later developed empyema that was left untreated and spread to his cranium, requiring a craniectomy and removal of part of his bone flap. After an extensive recovery, he was discharged home and was scheduled for a bone flap replacement. Unfortunately, a delay in refilling his anticonvulsant medication (Keppra) resulted in change in LOC and breakthrough seizures, ultimately leading to this life-threatening episode of status epilepticus. According to the night shift nurse, the patient had been alert and oriented ×4 with no prior seizure activity during her shift. Despite being given two anticonvulsant medications, the seizures persisted, prompting the nurse practitioner to proceed with intubation.

During this high-stress situation, I assisted the team in preparing for sedation and intubation. I inserted a urinary catheter, helped program a propofol drip, and ensured necessary supplies were readily available. Witnessing the coordinated teamwork between nurses, respiratory therapists, and the provider was inspiring. The patient was successfully sedated, intubated and ultimately stabilized. The care plan was to taper the propofol gradually to reassess the patient's neurological function.

Step 2 Feelings

Don't move on to analyzing these yet, simply describe them.

- How were you feeling at the beginning?
- How did the event make you feel?
- What did the words or actions of others make you think?

At the beginning, I felt calm and ready to start the shift. It was a typical transition from night to day shift, and I was focused on receiving report and preparing for patient care. There was no indication at that point that a critical event was about to unfold.

As the event unfolded and I witnessed the patient seizing continuously, I felt a rush of urgency and heightened alertness. There was a mix of concern for the patient's safety and an adrenaline-fueled focus to assist in any way possible. I also felt a sense of seriousness and gravity as the situation quickly escalated to an emergency requiring intubation.

The words and actions of the night crew and the nurse practitioner conveyed experience, control, and teamwork. Watching how quickly the team moved to stabilize the patient made me think about the importance of preparation, communication, and calmness in emergencies. It also made me think about how essential it is to act with confidence and clarity under pressure.

Step 3 Evaluation

- What was good about the event?
- What was easy?
- What was difficult?
- What did you do well?
- Did you expect a different outcome? If so, why?
- How did you contribute?

What stood out as good in this event was the team's rapid, sometimes hectic but overall coordinated response that led to the patient being safely stabilized. It was relatively easy to step in and assist because communication was clear. The most difficult part was witnessing the patient seize uncontrollably and not knowing how he would respond to treatment. I felt I contributed meaningfully by staying calm, placing the urinary catheter, programming the propofol drip, and assisting with preparation for intubation, getting necessary supplies. Initially, I didn't expect the situation to escalate, and neither did the primary nurse—she was clearly surprised and visibly distraught when intubation became necessary, which emphasized how quickly things can change in critical care.

Step 4 Analysis

- What can you apply to this situation from your previous knowledge, studies or research?
- What recent evidence is in the literature surrounding this situation, if any?
- Which theories or bodies of knowledge are relevant to the situation – and in what ways?

From my studies, I knew that status epilepticus is a serious emergency that needs quick treatment to prevent brain damage. When the seizures don't stop with medication, sedation and protecting the airway become very important. In this case, Propofol was used first to sedate the patient, and later Precedex was added to keep him more comfortable while on the ventilator as patient appeared restless and not fully sedated. Precedex is helpful because it calms patients without causing major breathing problems, which is important in the ICU. Research supports using these medications to control seizures and help patients stay stable during sedation.

Step 5 Conclusion

- How could you have made the situation better?
- What could you have done differently?
- What have you learned from this event?

Looking back, I think I could have made the situation better by anticipating the team's needs a little faster, such as gathering supplies for intubation ahead of time or assisting with medication setup more proactively. I could have also communicated more confidently, even in a high-stress moment. From this event, I learned how quickly a patient's condition can change and how important it is to stay calm, alert, and ready to act. I learned that clinical emergencies are opportunities for growth, and being present, even in a supporting role, matters more than I realized in the moment.

Step 6 Action Plan

- What do you think overall about this situation?
- How can you use the lessons learned from this event in future?
- How will you use this experience to further improve your practice in the future?

This experience reinforced the importance of early recognition and rapid intervention in neurological emergencies. I saw firsthand how a seemingly stable patient can deteriorate rapidly, and how vital it is for nurses to remain alert, adaptable, and ready to act.

I also learned the emotional weight of such situations. The idea that a few missed doses of medication could lead to such a severe outcome was sobering. It underscored the role nurses play not just in acute care, but also in patient education, medication reconciliation, and discharge planning.