

Morgan Trautman - Clinical Reflection Midterm

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What feelings did you experience in clinical?

I was super excited to start my preceptorship. I felt like it was a great start to build my confidence on my way to becoming an RN. Each day was always filled with some nerves because I would not know where I was going. I have enjoyed each place I have been to, which are NICU, 2 South, and PICU. During my fourth shift I was in the PICU and that is when I had the most nerves. There was a patient with a very rare condition, Stevens-Johnson Syndrome (SJS), and I was very nervous to help care for her. Overall, my feelings have been very positive for the shifts, each day is something completely different from the last and each one has taught me something new.

What did you already know and do well as you provided patient care?

For patient care, I did good NICU care, especially during the third shift. I felt more confident in my care in the NICU due to previous exposure working as nurse tech, I especially grew more confident in my diaper changes. For the PICU I did well with wound care and leads for monitoring. The PICU mainly does 3 lead EKGs and occasionally 5. Module 7 built my confidence with leads and being in the PICU helped grow my comfort. There are so many skills that I would love to learn and perfect, and I look forward to building more skills during my next 5 shifts.

What areas do you need to develop or improve?

I need to improve and develop my communication with family, providing care, and talking with other members of the interdisciplinary team. When it comes to the family, I have noticed that the nurse I am with will introduce me, but I feel good practice would be to introduce myself and initiate communication with family members. When it comes to providing patient care, I find myself talking with the nurse to make sure I am doing things correctly, but I should be vocalizing to the patient what I am doing during their cares. Lastly, I really need to work on telephone calls and communication with doctors, PT's, child life, etc. I called dietary over the phone to order trays to patient rooms, and I felt unsure of myself and was not prepared even though it should have been an easy and smooth phone call. When it comes to talking to PT, child life, etc., they will ask a question,

and I'll say I am a student and they immediately turn away. I feel overlooked even though I may know the answer. I just need to build up my confidence in my knowledge, so I can talk to other members of the interdisciplinary team without feeling inferior.

What did you learn?

- Stevens - Johnson syndrome: SJS is a rare medical syndrome caused by NSAIDS and some antibiotics. It can cause lesions on the skin and on mucous membranes of the body which can differ in severity. In this case, the affected girl had about 11% TBSA covered, but what made her case severe were the areas that had been affected; her eyes, mouth, and vaginal opening. Her lesions began to adhere together, and if left untreated could lead to problems later in life such as blindness and cervical exam issues. I learned more about the process, what causes it, and supportive measures regarding hospital care. What stood out to me was the wound care that was provided; it was a mixture of Aquaphor and lidocaine to numb up lesions and decrease some pain.
- 24 methotrexate: This process was fascinating to watch. Chemo is a vesicant drug and there are safety measures regarding the medication process to ensure patient and caregiver safety. Kristian always made sure to do blood draws before each medication given through the patient's port, and especially before the chemo admin. It is a 2-nurse check-off with verification at least three times. What is interesting is they do not do 24 methotrexate as much as they used to. They started with nausea medicine to begin. They followed with a small bag (about 50ml I believe) over 30 min and then the big bag over 23 ½ hours. It all must be done in that time frame, so if it is ever paused or you were late to starting the big bag, you would have to adjust the rate to meet the time requirements all while following the correct order for adjusting the dosage.
- Intraosseus: My nurse and I were talking about IV and IV access. He then proceeded to go on about IO and I did not know what he meant by that. I was given a quick overview of the use of IO in case of emergency. It is accessed into the bone in emergent situations and is not used for more than 24 hours. The drill comes with many different sizes for infants, adults and everyone in between. I was able to see how the drill works and what the catheter looks like. It was a fascinating concept and was a good thing to know about, especially in an ICU setting.
- Manual peritoneal dialysis: This was very interesting because it was done by the PICU nurses but took place in antepartum for a post-partum client. The process is a sterile procedure that involves dialysate into the peritoneum that helps excrete

waste products from the body. Instead of a machine doing all the work, the nurse infused the fluid into the peritoneum, clamped the tubing to prevent back flow. The fluid stayed there for 2 hours to filter, and then the nurse had to go back in and drain all the fluid out of the cavity. It was a cool process to watch and learn about.

How will you apply what was learned to improve your patient care?

I will be able to apply what I have learned because I saw firsthand how hard nurses will work to advocate for their patients. Kinsey in the PICU was a great example. I was with her while we cared for the SJS patient. Kinsey did research all about SJS and effective ways to manage care and ensure the best for her patients. She did research that helped evolve the patient's plan of care to include estrogen to help with adhesions in the vaginal area. She also advocated to keep the patient feeling clean with a shower, cleaned up her face, and helped ensure the patient could open her eyes. She was very diligent about wound care and keeping infection prevention a high priority for this patient. She was an amazing nurse who taught what one should do for every patient.

I also learned about always ensuring patient safety with medication, especially with chemo. It is a very important process to verify orders and recheck before anything is given. Before the administration, the charge nurse and the nurse verified all the medication calculations to make sure everything was running at the correct rate. They double checked each calculation to ensure it was correct and then proceeded to do another two-step authentication to make sure there were no errors. The patient is the priority, and we will do everything to keep them safe, that is why verification is so important for us.