Julie Boren
Reflection 1

What feeling did you experience at clinical today?
I had a mix of feelings throughout caring for my patient. The patient is a 62 year old female with a history of hyperlipidemia, hypertension, liver disease, kidney injury, A-fib, and obesity. The patient originally was admitted post cardiac arrest following respiratory arrest. Resuscitative efforts continued for 40 minutes before ROSC was achieved and anoxic brain injury is the result. Due to the patient's size (428 lbs), brain death or condition is unable to be confirmed via MRI. The patient's family has been made aware on multiple occasions that her new baseline consists of no gag reflex, no response to pain, and no corneal reflex. It has been made clear to the family that there is no quality of life and very little chance of her condition improving, but they are adamant that full care be continued for up to a year. Urine output has ceased, skin breakdown is evident on the tongue and in the mouth, skin tears are evident on sacrum, and patient has not been able to tolerate FiO2 at a level lower than 40% without cardiac rhythems becoming unstable. It is apparent to all care staff that the patient condition will likely not improve and family is not willing to consider palliative care or withdrawal of care.

What did you already know and do well?
I provided patient hygiene care, peri care, IV medications, PEG tube nutrition and medications, ET suctioning, oral suctioning, and vent use.

What areas do you need to improve?
I am working on my charting and time management skills.

How will you apply learning to improve patient care?
Better time management skills will improve patient outcomes by making sure that medications and treatments are administered correctly and on time.