Morgan Trautman - Clinical Reflection Final

11/30/2025

What feelings did you experience in clinical?

Going into the second half of my preceptorship, I was feeling more confident. The unit felt more natural and comfortable to me. I was in for a surprise when we finally got our first ICU patient, not a step-down patient. When we had our intubated patient I was very nervous and unsure of my care. I did not get as much experience with an intubated patient as I thought I would get in module 7, and it felt like it showed during the shift. Thankfully Garrett did a great job walking through the care as the day progressed and explained “the why” behind all his care and all the meds he was on.

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

For one of our shifts in the PICU, we had a patient with an eating disorder. Because I had prior experience as a nurse tech with eating disorders, I felt very confident with her care. The policy for eating disorders in the PICU is documentation of start and end time of a meal, the percentage of how much was eaten, and if a certain percentage of the meal was not eaten you replace the food with an ensure. More policies are 30 minutes for mealtimes, 20 minutes for snacks, no bathroom privileges for 30 min after eating, family is not allowed in the room during meals unless there is an order, and we stay with patients 10-15 minutes after meals. Since I knew the policies, I understood what mealtimes should look like and I felt confident in my ability to make sure meal and snack times went smoothly.

What areas do you need to develop or improve?

An area I need to improve is overall care for an intubated patient, and my confidence in care. The patient we had was a 4-month-old with croup and I was very nervous to care for the baby. Oral care was the easiest for me, which was to ensure that his mouth was nice and clean and stayed hydrated. We also cleaned up some eye goop and administered ointment after we finished oral care. This was to make sure the eyes remained moist and that the patient was kept nice and clean. What I noticed I struggled with the most

was feeling comfortable taking care of such a young baby. I was scared to move him from side to side because of the tube, but the respiratory therapists were very good at helping with making a smooth reposition. Overall, I was scared to make a wrong move and pull/ tug on something that would make things worse, but I had to remember that I had a nurse with me and respiratory therapists to make things easier during care.

Another thing I need to improve is my sterile gloving. We needed to collect a sterile urine specimen for our patient, and sterile gloving was required. I have not had a lot of practice with sterile gloving in the hospital setting, and it was only my second time doing it. What made it more challenging was Garrett had me wear regular gloves underneath it. Sterile gloving is a skill I know will come with time and practice and I am glad I got some practice with it.

What did you learn?

Something really cool I learned about was Botox injections for patients with muscle spasticity. About every three months the PICU will have procedure days for patients with conditions such as muscular dystrophy, cerebral palsy, spinal cord injuries, neurological problems, tight muscles, or kids who walk on their toes. Botox is not a permeant solution to spasticity, but it can work temporarily for up to three months. The doctor performing the procedure compared Botox and its use to an Oreo.

In an Oreo you have two cookies on the outside and cream on the inside

Botox is cream, your brain is one cookie, your nerve endings are the other cookie.

In this analogy, the cream of the Oreo blocks the two cookies from reaching one another and touching each other. In comparison, Botox is the cream that blocks the nerve signals (cookie) from reaching the brain (cookie) and in return reduces and blocks the spasticity from occurring.

The doctor gave a great description of what the Botox essentially does by giving a graspable analogy that can help it stick in your brain. What I also learned from the doctor was that Botox is harmful if it gets into your bloodstream, and you want to ensure you are directly injecting it to the muscle only. To ensure accuracy of the injection, the doctor used ultrasound and aspirated the injection to make sure there was no blood return. Nitrous

oxide was then used to help calm the kids and make the process move more efficiently.

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

What I will apply is the importance of safety checks when it comes to administering gases and in daily rounding's at the beginning of shifts. Before the patient even made it to the floor, we checked the nitrous to make sure it was full and working properly. We checked the PSI of the tank to ensure it was safe for patient use. We also made sure suctioning was working in case of emergency or if spitting/ vomiting occurred. Nitrous oxide use also requires documentation of the time oxygen was started, nitrous was started, level and percentage of nitrous, and when nitrous was turned off and oxygen was turned all the way up. Everything we did was to ensure patient safety and things ran smoothly during the procedures. I will apply my equipment and safety checks when I am working because it is a task that does not take a lot of time, but it can be a life saver if things turn for the worse. Patient safety is our priority, and safety checks of equipment are a great start.