

Hanna Garrison Final Clinical Reflection

11/30/25

It's hard to believe I'm finally done with my final rotation as a student nurse. This module has been full of ups and downs, but it has been absolutely incredible. I experienced and learned so much, it's hard to believe it's only been 8 weeks. Although I tend to be very hard on myself, (which is something I'm working on) overall I feel much more confident in starting my new job in January.

One particular case stands out to me, the patient we had transferred in via Life Flight from Hobbs. He was a long-term drug user and had originally gone to the Hobbs Covenant ER the evening before complaining of withdrawals from alcohol and drugs. He had told the ER staff that he had consumed a pint of vodka, as well as taken cocaine, opiates, Xanax, marijuana and a few other things that I can't remember. He was apparently very belligerent and ended up walking out AMA. Then in the morning before he came to us, he was found unresponsive and pulseless. There was a 40 minute window where he didn't have a pulse, but they managed to get a pulse back.

When he came to us, he was intubated and had a GCS of 3 with no gag reflex and didn't withdrawal from pain. He had an IO catheter and 2 other IVs, we pulled all of them and started a new IV for blood cultures until they could establish a central line. I helped with starting the IV and drawing the blood, and one thing that I found very interesting was that his veins were so hard they actually felt like tendons; I had never experienced anything like that before. The charge nurse attempted to start a foley catheter, but after several tries he was unsuccessful and the patient had started bleeding from his urethra, so he ended up having to call urology. The urologist couldn't get a catheter started initially either, so he had to do a cystoscopy to figure out what was going on. It turned out he had a "false passage", and I looked it up for more clarification. Apparently, the Hobbs ER had attempted to put in a foley, but when they met resistance, rather than trying to figure out what was causing it they forced it through the urethral wall, creating the false passage. Then they inflated the balloon in the soft tissue, causing major damage. So, when the urologist attempted to put in the catheter, it kept going into the false passage rather than into the bladder. With a guide wire and cystoscopy, he was able to finally get a foley inserted in the bladder properly.

Another thing I experienced when caring for him that I haven't encountered before was when he started having several bowel movements within minutes of each other, and the scent of them was unlike anything I'd ever encountered. I'd been a CNA for years, but I'd never encountered anything so foul-smelling. I felt bad for him, and especially his parents who had come up from Hobbs. I later found out that when someone is dying, their BMs are very malodorous, which is what we saw. We ended up putting in a rectal tube, and I learned the patient passed away the next day from a massive brain bleed.

This was only one example of the many different things I encountered and learned throughout my preceptorship; I am honestly amazed at how much I experienced in such a short time, and I can't wait to learn more in the ER. One of the biggest things I need to work on is to stop being so hard on myself and to give myself more grace. I have a lot of skills to work on and new ones to learn, but I truly feel I have a solid foundation going forward. While I'm terrified of starting my new job, primarily because of the massive responsibility that comes with it, I'm also excited to start this new chapter.