

Final Clinical Reflection

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I experienced a myriad of feelings while at clinical today. My little 21-day old patient began behaving differently. This was my third day taking care of him. When we received shift change report from the night nurse, she stated that he had been inconsolable and required barrier spray and Super Butt paste for skin breakdown on his buttocks. She had him in the swing to soothe and keep him from crying. At my 0800 care time I noticed 4 different blood mucous "strips" (1/4" straw like size) in his stool while changing his diaper. I brought it to my preceptor's attention and she told me it was probably from the rash. I told her it was mixed in the stool not on the diaper or on top of the stool. I told her I was going to chart blood in the stool. She advised me not to chart that, because it would raise red flags and we just needed to wait for our next care time to evaluate. While I fed him, he passed quite a bit of gas. I knew something was wrong with my little patient. Anyway, against my better judgement, I waited until the next care. Again, I saw the blood in the stool. I told her and she said again that it was probably from the rash. Then as I was wiping his little buttocks he pooped again, and I could see the blood coming straight out of his anus. I told her what I observed. She said that he might have rash irritation inside or hemorrhoids. I asked her to please not throw his diaper in the trash that I wanted to show it to the charge nurse. She repeated that she did not think it was anything to be concerned about. I asked if she could please ask the charge nurse for her opinion. Thank God, the charge nurse requested an x-ray. Then the NP came and said that it showed pneumatosis intestinalis (air within the bowel), portal venous gas, and that he may have NEC (necrotizing enterocolitis). My patient now needed an IV for antibiotics, blood draws for labs, and was now NPO to let his bowels rest. He had to endure 3 different sticks until they were able to draw blood for the labs. Now he was hungry, bleeding from his rectum, and still had a rash. This all took about 2 hours and he was quite fussy, as you can imagine. At this point she told me that since there was quite a bit more charting to be done on this patient, that she would take over his cares and charting and for me to take care of her patient. I did not like this idea, but she was already charting everything for my patient. So, when it came time

for his last cares of the day, I volunteered to do his cares. She told me that she did not want to remove him from the swing because he would just get more irritated. Each time I mentioned helping with him she refused. I did the cares on her baby and my other patient. Then I asked her what the protocol was when patients are put on NPO. Do they just not get their temperature taken or their diapers changed. She proceeded to tell me that he probably did not have anything in his diaper since he was NPO. Finally I just said, I have to do what is right for my patient. You can chart if you like, but I must change his diaper. I know that he has pooped more and that just adds to his discomfort and irritability. She acquiesced and I changed his diaper with more stool and blood and used the barrier spray and applied Super B Paste. I also instructed the CPS worker from New Mexico how to change his diaper in case she stayed with him.

I felt as if my concerns were not taken into consideration. I had to insist that she get the charge nurse's input. Then when she did not want me to chart and continue caring for my patient, I felt belittled. I tried to discern if she thought I could not chart or if it was inconvenient for her to guide me through that process. I believe that she does not want to be late and that is why she wanted to take charge of his charting and his cares. Instead of appreciating me calling her attention to what I observed at my 0800 cares I felt she was annoyed and did not want me to chart what I observed. This again makes one second guess their charting. At least once I succeeded in getting appropriate care for my patient I felt better. I still wish I would have insisted from 0800 and would not have waited until 1100. The labs had not returned, so NEC was what they believed he had, so they began antibiotics after the specimens were drawn. The IV kept beeping with occlusion on patient's side. This only led to her annoyance.

I learned from another preceptor that we are to disinfect all the things we touch at the beginning of our shift (stethoscope, dials, lights, thermal bed buttons, thermometers, drawers, suction covers, screens, etc) I began doing this first thing after washing my hands will. I also check my Pip and PEEP to make sure its at 5 and 20. I already knew how to provide cares for my patient. I paced my patients as I fed them. I charted well regarding the care and status of my patient. I advocated and addressed concerns I had until they were taken into consideration.

Areas which I need to improve are assertiveness, confidence in my skills, charting, and reporting to incoming nurse. I pray that my waiting for the 2nd care time observations did not cause harm to my patient.

I learned to trust my gut and that I must do what is right for my patient, even if it annoys others. I am the advocate of my patient.

I will be my patient's advocate and be assertive. I am the one responsible for their care. I will make better choices in the future.