

## Midterm Reflection

This module I was placed on the Neurosurgical ICU floor for my preceptorship, this floor receives a lot of stroke cases, all my patients from my 2 shifts have been stroke patients. When a patient is admitted because of a stroke on this floor you must do hourly neurovascular checks and do hourly National institutes of health stroke scale (NIHSS) examinations. Before being on this floor, I had never done hourly neurovascular checks on a patient and hadn't had much experience with neurovascular checks in general. I had never used the (NIHSS) on a patient or seen it before. For my first clinical shift my preceptor showed me how to assess the patient, how to examine and grade a patient when using the NIHSS. After they showed me how to document everything, I started to do the hourly checks on one patient and document them all. While doing the checks I felt very nervous because I did not want to miss a step or not document something properly. However, after a while of doing them, I started to feel confident and proud of myself. Also, on the floor we do Q4 full physical assessments, so I have gotten to do some of those and really get to be hands on with the patients.

My second clinical preceptorship one of the patients I was assigned with was a patient had experienced an ischemic stroke and had lost oxygen and nutrients to the left side of the brain. Since the patient was admitted for an ischemic stroke, I was required to do hourly neurovascular check and hourly NIHSS checks on the patient. The patient could not speak because of the area where the stroke had occurred. The patient was also only able to

move the left side of their body, and the right side was completely unmovable. That was my first experience with a patient who was on the floor that could not speak during my assessments. It made assessing the patient harder and learning how to do the NIHSS examination on a patient who could not answer the questions. The nurse helped me learn how to assess the patient properly and I started to do the checks on my own. Around lunch time I started to notice the patient could not even open their eyes for me during my assessment unless we were yelling or trying very hard to awake them. I informed my nurse and we just kept checking on the patient to make sure there was no significant change. The doctors ordered a repeat CT scan which showed the area of the brain where no oxygen or nutrients had been going during the time of the stroke. Since the previous day the area had grown and swelling caused a midline shift, so the doctors were later discussing a craniotomy. I felt like the change I was noticing in the patient was reflecting what the scans were showing. The family of the patient did not understand that she would not be able to talk because of the damage her brain had experienced, but after some education they started to understand.

Overall, my experience so far has been very beneficial, and I have gotten to learn so many new things and understand how to assess and document on patients. It is different being on a ICU floor and doing hourly checks, but it has put my knowledge to check and I have enjoyed it so much.