

N321 Adult Health I

Clinical Reflection Form

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Date: 12/10/2021

End of clinical Journal

1. Briefly write about your experience(s)

I spent the first day of clinicals adapting because clinicals last semester took place at Pleasant Meadows nursing home. That same day I got my first IV. Professor Morgan assisted me along with medication administration and other nursing responsibilities. The nurses on Parkview 7 were also nurturing and patient, despite me giving a patient their meal without checking their glucose on day one. I made a few medication errors that were caught by Professor Morgan and RN Sam; I'm more cautious during this process thanks to their supervision. Auscultating lungs on noncompliant patients has been a struggle for me and Professor Morgan provided sound advice. On the last day, two traveling nurses broke the stereotype. I hung my first secondary antibiotic and programmed the pump with Professor Morgan's assistance. I might apply to Parkview 7 if I choose to work at Carle.

2. What are things you learned?

I learned that medication errors are easy to make, that thought is scary. Sometimes the computer system does not communicate properly with the medication dispenser so verifying the physician's orders is important before pulling meds. One time I pulled a med that required 70mg but each tablet was only 10mg. I assumed I pulled the correct amount. I learned that I need know the desired dose and the amount of each tablet or capsule at the moment of pulling them. Another time I pulled the wrong medication because the cell I received the medication from was stocked with the wrong medication. I assumed that the cell had the correct med. After that day, I look at every package. Leave nothing to chance when pulling and administering meds.

I relearned how to hand a secondary medication and program an IV pump to administer the correct dosage and rate.

I learned that it's easier to waste medication by drawing up an entire med and ejecting the med until I have the desired dosage.

I relearned that infection and stress can increase glucose levels.

I saw many nurses give horrible SBAR reports, and I was embarrassed for them. I learned that you're doing the team a disservice by given a poor SBAR report, not to mention your reputation. I learned that I should generally know about all of the patients on my floor. It's important to know in case a nurse or other provider needs my help with a patient that I'm not assigned.

Always pull back on IV BEFORE pushing saline after placing an IV. One time my IV infiltrated when I pushed saline. I was in the ICU that day and I also allowed the intense situation to alter my technique. I surreptitiously took a shortcut and I failed.

3. What are things you would do differently?
 - When I build my time machine, I'm reporting the traveler nurses that were rude to me.
 - Search nearby floors for depleted medications instead of waiting on pharmacy to provide it.
 - Purchase different sizes of blood pressure cuffs because I worked with two or three patients that requires manual blood pressures.

4. What is your major "take home" from clinical experience(s)?
 - I should get an internship or position for the floors I desire to work on if I want to get a nurse position on those floors.
 - Nurse-to-patient ratios almost always suck. My nurse had six patients on the last day of clinical.

5. Is there anything else you would like to mention?
 - Professor Morgan is the best. I ask obvious questions and say ridiculous things and Professor Morgan kept the same positive demeanor. It makes learning very easy! Parkview 7 is nurturing for nursing students mainly because the staff there cares about our development. Bao was so awesome. She is an experienced health care tech and she helped me out of many uncomfortable situations.