

## N431 Adult Health II

### Clinical Reflection Form

Name: Kaitlyn Goodrum

Date: February 19, 2024

Clinical Rotation Site: Radiology

#### 1. Briefly write about today's experience(s)

I wasn't really following one nurse the entire time. If one of them had something interesting they would just let me tag along with them. The first nurse I was with, Kim, had a sweet older gentleman who came in because he was dehydrated. Kim told me that he has had a TAVR procedure done but we didn't really go into it to much so I used google to see what a TAVR was. "TAVR replaces an aortic valve that is not working properly or is diseased with an aortic valve made from animal tissue. The TAVR procedure is minimally invasive, requiring only a small cut in the skin. It does not require open-heart surgery" (National Heart, Lung, and Blood Institute, 2022).

The next procedure I witnessed had to do with a patient who is notoriously a hard stick. We needed to start an IV on her so Tammi, the nurse I was with then, called a stat nurse to do the IV insertion. The stat nurse uses a portable ultrasound to guide his needle into the patient's vein. He inserted the IV successfully on the first try.

The next procedure I witnessed was a double MRI of the brain and thoracic area. The patient was also supposed to be getting a lumbar puncture after both MRIs were completed. Before they placed this patient into the MRI machine, he had a massive bowel movement that needed to be cleaned up. Once the MRIs were completed, they prepped the patient for the lumbar puncture. This patient had been in atrial fibrillation since the night before, and right after coming out of the MRI machine, his heart rhythm changed to sinus rhythm and was hovering in the 50 – 60 range, so a little bradycardia was going on also. The staff proceeded to move forward with the lumbar puncture, and as they rolled him to his side, his O<sub>2</sub> Sat declined. They rolled him back onto his back, hoping that would help his O<sub>2</sub> go back up, but it didn't. The next thing they knew was that the patient was flat-lining (asystole), and his nurse instinctually began doing chest compressions on the patient. His nurse forgot to look at the patient's code status. The patient's code status was a DNR and stated no intubation. The patient passed away. I found it pretty wild that the patient's code status specifically said no intubation and the provider ordered two different procedures (the MRIs and the lumbar puncture) that require anesthesia without obtaining the consent of any kind. The patient had no one listed as a POA, and Tammi, the charge nurse in Radiology, was able to contact the daughter of the patient to ask her if intubating him would be okay for them to obtain the MRIs and the lumbar puncture when he was already intubated. Luckily, the daughter said that would be fine; however, if she hadn't, that could have been a gigantic mess for Carle. That was the first time, at least in the last five years, a patient has died during a radiology procedure. The department didn't even have a protocol to go by. The attending physician who ordered the

MRIs and the lumbar puncture had to come down to assess the time of death and to be informed of what occurred.

The last procedure I witnessed was just an injection of glucagon to slow down intestinal motility. This patient was getting an MRI done of his abdomen. The intestines naturally move at a faster pace. The glucagon has a slowing down effect on the intestines, allowing the MRI machine to get a better picture of what is happening.

2. What is one thing you learned?

The radiology department does not perform post-mortem care.

The portable ultrasound machine will show you the vein in two different aspects. If you hold the doppler perpendicular to the arm, the vein shows up as a circle. If you hold the doppler parallel to the arm, the vein shows up as a vertical line.

After giving glucagon to the patient before the MRI, the patient will need another dose to make it return to normal. You have to administer this at a very slow rate because it could potentially cause projectile vomiting. The amount is small, too, like 0.3 mL, and is given over a 3 – 5 minute period.

3. What is one thing you would do differently?

I don't think I could help this, but I would have liked to try and insert an IV. I mostly observed all day and asked questions.

4. What is your major "take home" from today's clinical experience(s)?

Nurses in radiology prep the patient and recover the patient.

Radiology is an interesting department to work in. However, nurses in this department admitted to losing many of the skills they learned in school or on the floor years prior. I don't think I would be interested in this floor right now, maybe when I get older. One of the nurses said radiology is where a nurse goes to retire. I also like that they can choose their schedule and how many hours they work a week when they initially get hired.

One negative about the department and it's really more about their supervisors. With the whole predicament with the patient who passed away on the table, there was complete and utter confusion among the nurses, the RAD techs, the anesthetist, the radiology supervisors, and

basically everyone. When I say communication issues, one supervisor said the lumbar puncture was going to wait until the next day, and then you had another department saying it's happening today. I feel like they need to have better communication with their supervisors overall.

5. Is there anything else you would like to mention?

All the nurses I spoke to/worked with that day were very nice. The atmosphere in the radiology department was very team-oriented, and they helped each other; I enjoyed that.

#### References

National Heart, Lung, and Blood Institute. (2022, March 24). *Transcatheter aortic valve replacement (TAVR)*. <https://www.nhlbi.nih.gov/health/tavr#:~:text=TAVR%20replaces%20an%20aortic%20valve,blood%20flow%20in%20the%20heart>.