

N431 Adult Health II

Clinical Reflection Form

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Clinical Rotation Site:CCU

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

Today at clinical, I was in the CCU and had the opportunity to follow Stacey around. Stacey was assigned to two different clients. One of her patients was an 81-year-old female who had been previously diagnosed with dementia and was admitted to the hospital for a severe UTI. The UTI caused her to become extremely confused and irritable on top of her dementia symptoms. The night prior, she became very combative and violent with the staff, so an order for limb restraints and mittens was applied to her. The patient was given valproic acid before I arrived at clinical, and it seemed to help the patient become more compliant with staff and her medication regimen. Around 2:30 p.m., while I was there, we were able to remove the limb restraints, but the mittens were left in place. She also agreed to take all of her medications that she had refused that morning, so I gave her all of her oral drugs and a Lovenox shot. I also got to witness Stacey use the ultrasound to guide an IV insert in our 81-year-old patient. Her veins liked to roll, so I was unable to try, and we didn't want to irritate her since she had dementia.

The second patient was a 56-year-old male who was admitted to the hospital due to a brain bleed because of cocaine use. This patient had an EVD (external ventricular drain) in place to help drain the blood/fluid that had accumulated in his brain, and he was also on a ventilator. He was admitted on March 16, and according to Stacey swelling of the brain due to a brain bleed will peak between 48 and 72 hours. He had a CT Scan of his brain earlier that morning, and there was no change in his imaging. The patient opened his eyes throughout the clinical and wiggled his toes once on verbal command. I gave the patient a heparin shot, and I also crushed up Tylenol and mixed it in water to push through his orogastric tube during clinical.

2. What is one thing you learned?

Stacey educated me on the most common strokes that occur. I learned that ischemic strokes are more common on average; however, in the CCU, they actually experience more patients who have hemorrhagic strokes.

Patients who are admitted due to brain swelling could potentially have a part of the skull removed to relieve intracranial pressure. Providers do not like intracranial pressure to exceed 20 mm Hg. After the part of the skull has been removed, the hospital will store it in the hospital somewhere in a refrigerator, and it will be replaced eventually when the patient's brain has returned to normal size.

3. What is one thing you would do differently?

Outside of the patient's room with the brain bleed, there were no precautionary measures even though the patient had MRSA. Stacey failed to tell me that until clinical was already half over. The one thing I would have done differently is look up each of the patients before entering their room just to make sure they have no specific precautions I need to take. I just assumed there would be a sign outside of the patient's room like there usually is.

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

The patient with the brain bleed had a very large family, and it complicated things since the patient was unconscious and was unable to make decisions for himself. Since the nurse has so much contact with the family, I think the take-home lesson today is to try and familiarize yourself with current state laws regarding family and client decisions.

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

Stacey did really well in educating me and testing my knowledge. I didn't get to do much, but in the afternoon, there just wasn't as much to do compared to the morning.