

## N431 Adult Health II

### Clinical Reflection Form

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Clinical Rotation Site: Post-Anesthesia Care Unit (PACU)

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

Today, the PACU was very busy. When I first arrived, I followed a nurse who received a patient after a left transcarotid artery revascularization. This surgery entails a stent being placed in the carotid artery and a return sheath placed in the opposite femoral artery. During her surgery, a left arterial line was placed. We did assessments of her sites for bleeding, monitored her peripheral pulses, and monitored her arterial line pressure to ensure it was not reaching above 160 systolic. The biggest concerns for this patient were bleeding and perfusion, so close monitoring was necessary. After this patient, I followed a patient with a laminectomy who had an opioid addiction issue. This caused different methods of pain relief to be necessary, such as TENS units, physical therapy, and non-opioid medications. After this patient, I followed a patient after a bilateral mastectomy and lymph node biopsy. My next patient was a child who had their tonsils and adenoids removed and was not breathing appropriately. The nurse had to manually hold their jaw in the correct position to open their airway and I learned that pediatric patients are the only patients allowed to wake up "naturally" without stimulation from the nurse. I also followed another pediatric patient after a laparoscopic appendectomy. Lastly, I followed a patient who had a colon resection and colostomy placement. He had presented to the ED in severe pain and was given pain medications that made him unarousable. When the surgery team informed the family he needed an emergency colon resection and ostomy, they consented for him. He awoke from surgery upset to find he had an ostomy. It was an important case because I saw firsthand why education for patients and their families regarding patient wishes is so vital. Patients should know what to tell their healthcare power of attorneys what they would want if they cannot decide for themselves.

2. What is one thing you learned?

I learned a lot about medications given in the PACU. One medication I found interesting was meperidine (Demerol). It is an opioid pain medication that is used for severe pain. However, in the PACU it is also used to reduce shivering in post-operative patients. It does so by reducing the shivering threshold, which is the temperature range in which the nervous system sends a signal to the brain that shivering needs to occur to warm the body (Elmeligy & Mohamed Elmeligy, 2022). How this works is not fully understood, though it is suspected that it may be related to the stimulation of kappa-opioid receptors (Elmeligy & Mohamed Elmeligy, 2022). In the patient I saw this used for, hydromorphone was given in conjunction. Hydromorphone (Dilaudid) is another opioid

pain medication. The nurse taught me that since they are low doses and work on different opioid receptors, they can be given together to have a greater pain relief effect while reducing shivers. I found this interesting as both opioids have a high risk for addiction and respiratory depression.

3. What is one thing you would do differently?

I would ask to practice skills such as passing medications or assessing patients. Since the postoperative state is a sensitive time for catching complications or for hemodynamics to change, the nurses were very quick in their assessments and completed all the charting. I asked to assess the peripheral vascular system of the patient with the TCAR, which the nurse allowed me to do after her assessment. However, for the most part, the nurses wanted to do their own assessments and pass medications and preferred for us to watch them do so. I would have liked to have followed them to the next phase area to do an assessment.

4. What is your major “take-home” from today’s clinical experience(s)?

My major take-home from the PACU is that it is important to know the interventions and understand the rationales behind them for postoperative patients. Seeing a vascular postop patient helped my understanding of the importance of a peripheral vascular assessment, why they need to keep their leg straight when the femoral artery is involved, and why blood pressure control is necessary. I was able to see pediatric patients after tonsillectomies and understand how to assess airway patency and the interventions used for these clients, such as airway support, NPO status, and bleeding precautions. By understanding the surgery the patient has had and knowing the appropriate interventions, the nurse can prevent complications and assist with quicker and better healing.

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

I enjoyed shadowing on this unit. It was a very busy unit, and it was interesting to see how quickly patients were turned over. I enjoyed learning about how different surgeries may lead to different postoperative states and learning about what assessments are important for these various surgeries. I felt like it helped my understanding of postoperative interventions for patients on the floor. I think it would have been interesting to also see the pre-operative side to see how the assessments are done before the surgery is completed and then compare it to after, as well as practice skills.

## References

- Elmeligy, M. S., & Mohamed Elmeliegy, M. F. (2022). Efficacy of intravenous versus intrathecal meperidine on post-spinal shivering after knee arthroscopy: A randomized controlled study. *Open Journal of Anesthesiology*, *12*(06), 197–209.  
<https://doi.org/10.4236/ojanes.2022.126017>