

N431 Adult Health II

Clinical Reflection Form

Name: Maggie Casey

Date:10/14/2024

Clinical Rotation Site:Critical Care Unit

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

I had a good experience working with my nurse, Erika, on the critical care unit. Together we worked with three patients. I performed skills such as removing an IV, removing patients' medications from the pyxis, crushing medications, removing a foley and empty the contents, and more. One patient was admitted due to a stroke. For this patient, I assisted her with ambulating as well as performed assessments on her. This patient will be getting an MRI in the near future because she continues to report minor head pains. One patient was discharged during my time on the unit. This patient was admitted three days prior for treatment of a urinary tract infection caused by E. coli which had become systemic. Because of this I was able to observe the nurses' role and responsibilities during a patient discharge. These included mostly paperwork, patient education, and conferring with the provider and discharge personnel at Carle. The third patient I saw was admitted for critical aortic stenosis. This patient mistook the cardiac symptom of the feeling of a lump in her throat for choking. The actions I took for this patient included crushing her medications in apple sauce and feeding her as well as performing a head-to-toe assessment and removing her foley. Removing a foley is something that I have learned to do in lab however it was my first time performing this skill on a patient. After removing the foley, I measured the urine output. To conclude, the clinical was successful and advantageous to my learning.

2. What is one thing you learned?

One thing I learned was that coffee grounds are hung in the room to neutralize foul smells such as feces.

3. What is one thing you would do differently?

Something I would do differently is using a smaller amount of apple sauce to mix the crushed medications into. A patient required their oral medications to be crushed and mixed into apple sauce. I performed this but did not consider that the patient may not want to eat all of the apple sauce. This may lead to the patient consuming less than the full dose of the medications. Next time, I will use a small amount of apple sauce to ensure the entirety of the crushed medications are consumed by the patient.

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

A major take home from today’s clinical experience is that my opinion on hospice care has changed. Due to my previous experience of working in a dementia care unit, I have worked with patients on hospice care many times. The difference was that I did not consider the benefits of hospice care for a patient who still lives in their own home. A patient in the critical care unit was deciding if she wished to sign up for hospice care. She is ninety-four and stated that she did not want to die in the hospital. She was not emergently ill on October fourteenth, the day I was working with her, this decision was regarding future plans. Hospice was suggested to her because she would not need to come to the hospital to receive care, as hospice can attend to many of her health needs at home. This would aid the patient in remaining at home instead of in the hospital. Therefore, my take home is that hospice is not only end of life care that does not aim to treat the patient, but also a great option for people who want to spend the rest of their life out of the hospital and in the comfort of their own home.

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

No, I had a good day at clinical.