Journal
Emergency Department

During the rotations, there were many different opportunities to learn. This rotation in ER introduced me to a whole new side of nursing, which I had never seen. I saw many different patients and heard their stories, and they looked at me like I was the nurse. It was a rewarding experience to work alongside the other nurses and do what they do.

There was a 28-year-old patient, present to the ED via EMS with Nausea, vomiting, hypertension (182/121) and hyperglycemia around 0805. The Patient has a history of Diabetes Mellitus, Hypertension, and Gastroparesis (A condition that affects the stomach muscles and prevents proper stomach emptying. It can affect digestion, the cause might be damage to a nerve that controls stomach muscles). The Patient stated, “Lisinopril and Insulin both ran out last night.” EMS glucose was 405, so EMS started IV 0.9 NS infusing on arrival to ED. The nurse gave the Patient Zofran-4 mg in the ED for nausea and vomiting. Around 0950 nurse pulled out all his medication with insulin. But before giving insulin, we checked blood sugar, and it was 158, so the nurse decided not to give insulin, and again after 30 minutes, we rechecked blood sugar. It was 33, so the nurse gave dextrose right away, and, I ran out to get juice and crackers for the Patient. Around 1130 the patients want to leave as he was feeling better, but he was about transferred to the floor because blood sugar was unstable, but the doctor said he could go if he feels good. So, the Patient got discharged, and **I got an opportunity to remove his IV** before getting a discharge. I was so confident while I was removing IV, and the nurse gave me the instruction step by step what to do.

- Meds: Lisinopril: ACE inhibitor, and it can treat high blood pressure and heart failure.
  Zofran: Antiemetic and it can prevent nausea and vomiting

Another patient, 72-year-old female, presented to the ED via EMS after sustaining a fall at her residence. The Patient was attempting to get out of bed and became weak and landed on knees. The family states the Patient had recent medication changes. Lyrica was increased from 150 mg to 250 mg at the end of January 2020 and said she was also taken off her Lexapro 3 days ago. On this Patient, I was watching nurse she was inserting IV, and this Patient had fragile veins (baby veins), and three nurses tried to insert IV, but it was so hard in thin veins, but finally, they got it.

- Meds: Lyrica: Nerve pain medication, and it can treat nerve and muscle pain, including fibromyalgia. It can also treat seizures.
  Lexapro: Selective Serotonin Reuptake inhibitor (SSRI), and it can treat depression and generalized anxiety disorder.

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Two kids came to the ED with their mom. One was a 2-year-old female, and another was six months old male, because of cough and fever; I saw how to collect a sample from the back of the nose and throat. A **nasal swab test** is used to diagnose upper respiratory tract infections. A culture is a way of identifying infectious organisms by allowing them to grow in a laboratory. This test identifies disease-causing organisms that live in the secretions at the back of your nose and throat.

In this rotation, I learned a lot about how the nurses work in ED, how they handle complicated situations. Every nurse was so busy with their patients. I **learned some medications** and trying to learn more in clinical time. This time I got a chance to remove IV now. I hope I get an opportunity to insert IV. I like to do new things on the floor.