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NUR391 Clinical
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Clinical Journal Entry#1

In the past clinical session, I was assigned to the NICU department. In this department, I observed two newborn babies, a 39.5 full-term newborn and a 29-week premature newborn. The 39.5 full-term male newborn, Y.R., was born via NSVD and was admitted to NICU due to respiratory distress secondary to symptomatic spontaneous pneumothorax. The 29-week premature newborn was given immediate care in order to stabilize conditions. Both newborns were under cardiopulmonary monitoring.

In this clinical experience, I communicated well with Dr. Thomas, the NICU nurses & physicians, and my fellow partner, Christine. Although this clinical experience was mainly focused on observation, I was able to help the NICU nurses with certain tasks as they were preoccupied with the care with the 29-week newborn, such as getting certain items or helping to calm the 39.5-week newborn. Areas I would like to improve in subsequent clinical experiences are to practice newborn assessment, postpartum assessment, and learning more on the immediate care once a baby is born.

The greatest accomplishment of this clinical session was being able to learn first-hand from the NICU nurses and physicians on the critical care and monitoring required to help stabilize a neonate. I learned more on the procedure that occurs after delivery of the newborn and the crucial aspects that need to be assessed, monitored, and evaluated. For an example, the newborn's respiratory status, body temperature, blood sugar level, and all the measurements. The NICU HCP also explained the medications and lab-work that need to be completed. I also have learned that although the blood sugar level may be very high at birth, it is primarily due to the baby's stress and the blood sugar level will gradually decrease within time.

The greatest challenge of this clinical session was witnessing the situation of the premature neonate as I have personally never seen a premature neonate less than thirty weeks old. The moments that the neonate entered the NICU, I immediately observed the neonate's size and felt such a sense of vulnerability. I know that the HCP were making sure to stabilize the neonate but during the moments of care, I felt challenged on seeing IV and needles going into the small child. As the neonate was very small in size, the veins were harder to assess and this made the IV set-up more difficult for the HCP. The nurses and physician had to keep trying in order to find a successful IV site and this led to many pricks at a time. Ultimately they were successful in stabilizing the premature neonate and they made sure to stay calm and collected the entire time.

This clinical experience has truly helped me grow professionally, personally, and spiritually. Professionally, I was able to learn on the intensive care associated with neonates in critical situations, such as premature neonates. My personal and spiritual growths are interlinked as the clinical experience displayed the beauty and grace in God's creations. Being able to see these beautiful babies has reminded me of the wonderful gift of life that the Lord has blessed us with. It was completely surreal and unforgettable to be able to learn in this facility and help me to understand the beginning of life. The scripture reference that guided me through this day was from Psalm 139:14, which states, "I praise you because I am fearfully and wonderfully made; your works are wonderful, I know that full well." This emphasizes that we all need to be thankful as we were given the gift of life through His grace and unconditional love for us. This clinical day has helped me to visualize and understand the great works of the Lord himself.