

Daniel Cedeno

Dr. Thomas

Alliance University

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On 1/20/2023, it was our first day of clinical rotation at Montefiore Nyack Hospital. First thing we did was to go over some terminologies so we can understand the meaning and concept behind them. Our instructor gave us a tour on where each unit is located and their supply rooms. We were able to go into the NICU and see the premature newborns. We were then able to go into the Nursery. They said that ten babies could be assigned to one nurse in that unit. Then we spent some time on going over how to do a full assessment on a newborn. What I found interesting was being able to feel the baby's skull which includes their bones and fontanelles, and being able to feel.

After the newborn assessment, my colleague and I were assigned to a 35-year-old female patient who was 5 days postpartum. She was admitted back due postpartum preeclampsia. The patient and her husband were comfortable to allow our instructor to perform an assessment on her while we observe. We got to inspect and palpate both of her breasts, inspect her abdomen, and perform a deep palpation to locate her fundus. Since she was a few days postpartum we we're only able to feel the outline of the fundus. We then performed a Homans sign on her. Homans's sign is often used in the diagnosis of DVT. A positive Homans's sign (calf pain at dorsiflexion of the foot) is thought to be associated with the presence of thrombosis. We then checked her capillary refill on her toes bilaterally which was less than 3 seconds. Our patient presented pitting edema on both her legs; it was graded at a 2+. The last thing we did was that

we asked our patient to be in a SIMs position so we can inspect her anal, perineal, and vaginal region. Based on inspection, we noticed that she had a large hemorrhoid near her anus. The patient did indicate that she did have a perineal tear during labor and they closed it up with dissolvable sutures. We noticed that the wound was reopened, and based on inspection it was graded as a 3rd degree perineal tear. After the assessment with the patient, we checked her chart to see what else we needed to fill out on her assessment sheet.

One challenge I had for the day was not knowing what to expect on the first day of clinical. Turns out it was a great first day and we got to see and be hands-on a lot. On a personal and spiritual level, I know that this is something God wanted me to do. On the first day alone, I was fascinated with the care a nurse provides for the newborns. Professionally, this is something I do see myself in. The way I look at it is that those newborns are our future and I want to give the most safe and proper care to those newborns. Greatest accomplishment for the week would have to be being able to learn new terminologies and use them in a clinical setting. I could definitely improve when it comes to physically assessing my patients. I know my instructor said we are being “too delicate”, it does take a lot to hurt them. It is something that I will keep in mind so I can do a better assessment on the newborn and mother on the next clinical rotations. The scripture I would choose for the first day would be “Teach me knowledge and good judgment, for I trust your commands” (Psalms 119:66). The reason why I chose this scripture to help guide me on the first day is because we were given a lot of information. That information is imperative to know and the instructor said everything from the start is knowledge based. Once we understand what we are learning, we can apply that knowledge to the clinical setting and provide the best care possible.