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Journal 6

During my last day of clinical, my instructor allowed me to get assigned to the emergency department. I was paired up with a nurse, and he was assigned six patients. The first patient was a 69-year-old male whose chief complaint was left-sided chest pain, His pain was a 9 on a 10-point scale, and he described the pain as sharp. His vitals were as follows: BP 103/65, temperature 98.1, pulse 96 bpm, and respiration 15, O₂ SAT 93%. I had a 10-lead EKG and was given 4 mg of morphine. His blood work came back, and the result was Troponin 0.3ng/mL, BNP 248.1PG/mL, PT 11.4, INR 1.7, and APTT 29.1. While his troponin came back normal, his D-Dimer was elevated, which led to a cause for concern and suspicion of PE. They proceeded to do a CT, which indicated no pulmonary embolism, and his nursing diagnosis was a small pericardial effusion with mild atelectasis, which will explain his chest pain. The other patient was an 18-year-old male, and the chief complaint was a psychiatric evaluation. The nurse and I introduced ourselves to the patient and the RN proceeded to ask him what brought him in today. He stated he was practicing for his film and heard his parents arguing in the room, so he punched the wall and told them to be quiet. They proceeded to argue louder, and he kept punching the wall, causing an abrasion to his hands. The patient on assessment was emotionally labile, He stated that he had been brought to the psych ward by his parents to have sex with someone. When I asked if he was hearing voices that were not there, he stated, "Yes, I think so, they are colluding." He stated that he was just trying to find himself during the conversation. The patient got more agitated as we proceeded with the questions. The doctor said he could be hallucinating due to taking drugs like mushrooms and cannabis. As we began doing our assessments on other

patients, the nurse got a report from the social worker stating that the patient had hit his head against the wall with no visible wound and was told not to harm himself or others. The last patient that caught my attention was a 15-year-old male whose chief complaint was a psychiatric evaluation. The patient was put in a pod for psychiatric patients. The patient states he got into an argument with the mother in the car, got out, started hitting the mother's car, and started screaming at her, telling her he was going to kill himself, which led the mother to bring him in because it wasn't his first time, but later he got discharged by the doctor. My greatest challenge was not being able to remember certain lab values. My greatest accomplishment was being able to know and understand what his nursing diagnosis was due to prior knowledge from previous nursing courses. Pericardial effusion is a buildup of fluid in the pericardium sac surrounding the heart, which can put pressure on the heart. The main cause is illness or injury. My self-evaluation was Given my concerns about the 15-year-old boy getting a discharge charge, especially after making mention of killing himself multiple times, Psalm 9:9: "The Lord is a stronghold for the oppressed, a stronghold in times of trouble." As someone who struggles with depression herself and sees many young people suffering from mental health. No matter the trouble you feel or the difficult situation you face, this verse reminds you that God is always with you through every step of life, and you are not alone.