

Siohn Zion Lee

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Prof. Ibiezugbe

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My first clinical experience was heartwarming. When I first saw a nonverbal pediatric patient with a tracheostomy in a wheelchair getting ready for his school, my heart was joyful to see him but also filled with his misfortune. My assigned patient was sleeping, and his nurse did not want to wake him up because he would not go to school for the scheduled TPN. When he woke up and showed his beautiful smile, I thought that must be the smile from heaven. During the first clinical day, the professor introduced us to the pediatric hospital, their schools, and the rooms we can utilize to help nurses and patients. It was my first visiting a pediatric hospital and also the first time seeing so many pediatric patients in my life. I was delighted but also worried about making a mistake. Maybe due to the pressure of being responsible for sick children. Even though the hospital was painted with bright, colorful colors and decorated delightfully, I felt depressed and the blues in the hospital. Overall, the clinic went smoothly without any accidents. The post-conference was meaningful because I never had a post-conference without the stress or nervousness of reporting. Everyone speaks of their thoughts to pediatric patients with open-mindedness. I was surprised how everyone's hearts could be together in one sympathy. I was just grateful to God, and it made me a better person closer to sick people.

My patient was a 6 y.o male with lots of diagnoses, his primary diagnosis was a congenital disorder his father passed away too. He responds to touch, turns his head towards stimulants, and gives a big angelic smile. During giving tach care, as I was given a report, his hypoventilation syndrome made him hold his breath while changing his tracheostomy. I was shocked and blamed myself for not

knowing his holding breath until the professor told me to. I only could focus on what I was doing. My greatest challenge was this moment when I hurriedly finished the trach care. I should have focused the patient's body language on assessing his status. My self-reflection on growth was to see the patient more than my desire to complete a task. It should have been patient-centered care. My desire should never be the priority for any reason, even if that's good for the patient's care. My greatest accomplishment was finishing the first clinical day safely. My technical skills were changing the patient's diaper, watching the nurse weighing the wet diaper for strict I/O, performing trach care under the professor's supervision, inspecting the patient, and watching OT therapy for the first time. It was also a great opportunity to communicate with the staff about their passion and hearts for pediatric patients, especially with the assigned nurse, nurse's aide, PT, and OT. Areas identified for improvement are practicing more trach care and focusing on the patient's condition rather than finishing a task.

“Now therefore, if ye will obey my voice indeed, and keep my covenant, then ye shall be a peculiar treasure unto me above all people: for all the earth is mine:” (Exodus 19:5)

Even though I will become a nurse in the future, it is still true that I still cannot take care of myself. But by holding the truth that the heavenly father takes care of us, his love is already proved by giving his only son Jesus to us. I can wait for his grace by holding this hope. With his love on the cross, I can become whoever he wants like a nurse fights for her patients.