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It was an educational and successful experience during my second clinic. I had several opportunities to practice my bedside nursing skills throughout the day. My patient was a 15-year-old with systemic lupus erythematosus (SLE) who was admitted for respiratory failure and shock. Due to her chronic illness, her activities of daily living (ADLs) had gradually decreased, and her care team's main goal was to assist her in gaining ADLs through rehabilitation. The primary nursing care included pain management and rehabilitation.

Initially, I was concerned about my ability to communicate with my patient because of her age. However, she allowed only one when my assigned nurse asked if the patient allowed nursing students to follow and assist her. Throughout the day, the patient was awake and engrossed in her phone, and there was minimal complaint from the nurse's aid regarding washing the patient. I learned the importance of approaching patients with caregiver characteristics. My nurse came to the patient with kindness and a permissive attitude to communicate with patients and their families. The nurse's aide was overloaded with work and uncooperative pediatric patients, leading to a pushful approach. My instructor, on the other hand, was directive and flexible, making any situation possible.

Due to my patient's chronic illness, her lower extremities were very weak, as evidenced by weak (+1) pedi pulse and black and clubbing of all toenails. She required complete care in cleaning and changing. At 10:00, under the instructor's guidance, my colleagues performed a

straight catheterization, providing a refreshing reminder of the sterile technique. At 11:00, I had an opportunity to perform a straight catheterization independently. Before the catheterization, I also performed a bladder scan. The catheterization drew 232mL of urine, and the scanner indicated 235ml. This performance was an excellent indicator of the scanner's accuracy. Following the catheterization, I flushed the NG tube, which involved several lines and clamps, surprising me. At 11:45, my instructor and I performed a complete head-to-toe patient assessment. Although I hesitated because the patient did not want to be interrupted, the instructor confidently discussed it with her. I could sense the authority and enthusiasm coming from her heart, caring for the patient. During her hygiene care, I assessed her skin and movement of extremities. I auscultated her lungs, compassion, and abdomen and checked her pulse. After the assessment, the instructor saw the patient did not eat lunch and offered a different menu. At 11:55, our colleagues performed sacrum wound care, and the synthetic skin dressing looked good, as I have often seen foam dressings.

My greatest challenge during the clinical experience was communicating with the teenage patient, who had little attention to others. However, I realized I need to observe and listen to their needs more actively and learn how to communicate effectively with teenage patients. My greatest accomplishment was practicing complete hygiene care in the bed, performing sterile techniques in straight catheterization, doing bladder scans, flushing NG tubes, and helping with sacrum wound care. With the instructor's guidance, I am confident in practicing these skills and eager to learn more. Nevertheless, I need to improve my interpersonal communication skills with teenage patients, practice sterile techniques more, and learn how to organize reports (SBAR) at the end of the shift.

“When the righteous cry for help, the Lord hears and rescues them from all their troubles. (Psalm 34:17)”. The Lord hears me when I cry out to him. Rely on him. By him crucified on the cross, he called me that I am righteous by believing his sacrifice for my sin. The world is still a harsh place to live, but I shouldn’t be focusing on fear from them but pinning my sight on our heavenly father.