

Lucretia Shafer
Nursing 340

Clinic Journal

September 9, 2005

What a day! I finally am in a class that will make me feel like a nurse. I have been looking forward to this class for a long time with much anticipation and excitement and admittedly, some fear and apprehension. That is probably why I didn't sleep very well last night. The day went pretty fast but also very slowly, which is kind of weird. My nurse, Julie did not want to be working today, since she was "on call" and had been told last night that she probably wasn't going to be needed. Also, it didn't seem like she had ever had a brand new student assigned to her. I was hoping to get an older nurse so I wouldn't be very intimidating and she wouldn't assume that I knew anything, but I was assigned to the youngest one. As the morning went on, she warmed up and by the end was even explaining a little of what she was doing. If I get to follow her again it would go just fine I am sure.

There are some things about being an older student that not many people realize. So many of my friends say that their brains just don't work as well as they used to. I am not sure about that. I think that we become comfortable in our routines and patterns and are rarely stretched and challenged to venture into brand new areas of knowledge. When we are forced to begin at the beginning in something, we have forgotten how much work goes into the first steps, and tire quickly. Kids have never become experts and don't realize how nice it is to have a firm foundation of knowledge and understanding from which to draw upon. The problem is, I wonder a lot nowadays why I have chosen to give up my expert standing in my "career" and change to a brand new one. This class is going to be very much a humbling experience. I really like to know what I am doing!

I am overwhelmed by the simplest of things. Julie asked me to help move a patient up in bed and then expected me to be ready to help the next second. I didn't even know what to grab. I wasn't sure if it was OK to look in the patient's charts and I felt like a duckling as I followed her through the halls. The assessment that I did on our easiest patient was so haphazard that I was very happy Janet wasn't there to see me.

I can't wait for the day that I can feel competent and somewhat relaxed in caring for a patient. I want to feel totally confident in their basic care—the stuff that I think I am supposed to know already. I feel like I am expected to know more because I have gray hair. But, I need to get passed that and focus on the patients. The pressure that I feel is put there by me—no one else! What I am hoping to achieve in this class is to forget myself and minister to the patients and be of help to my fellow nurses. I want to be a good nurse--competent and caring.

Nursing 340

Clinical Journal

September 16, 2005

It was good to have a week away from the hospital after getting a taste of what we will be doing for the rest of the semester. It gave me time to regroup, get some questions answered, and get very excited for the coming week. The amount of paperwork involved seems a little overwhelming but hopefully, once I have done a couple of weeks worth, it will get easier.

The one thing that I seem to have a lot of trouble understanding is documenting the nursing care plan. It seems pretty straight forward and then, before I know it, I am way off track. That and the patho write-up are going to take a good chunk of time. I really need to get my paper for Pharmacology written so I don't have to worry about that on top of everything else.

The main thing I want to remember for next Thursday and Friday is to focus on the patient. They are the reason I am here. It is not about me.

Clinic Journal

September 24, 2005

On Thursday our assignment was to do oral meds and the second assessment of the day. I knew that as I stepped off the elevator but immediately forgot it because I was worried about “picking” a patient. My nurse was wonderful—well organized, and really good with the patients and especially outgoing and helpful with her fellow nurses. She had many other nurses come to her for help with patients or paperwork because she was so willing to assist. I hope that I become that tuned into the needs of the people around me and be willing to help them like Annette. Anyway, I told her that I was supposed to do the first assessment of the day on my patient. The lady was going home that day, if the doctor agreed or not and she was cheerful about that. I was a little more confident about an assessment but I was not able to get her BP because I only wanted to put her through it once and I did not get it on the first try. It's funny what ran through my head about what to do in that situation. I'm not sure why I didn't go to Annette and let her know that I didn't get the BP. I thought about looking at her chart and guessing a good number but I knew that that was not the right thing to do. In the end, I waited and told Janet about how I couldn't see the meter and hear the heart

at the same time.... Writing this now makes everything really clear. Why didn't I just raise the bed? Ah, the joy of hindsight!

I removed my first Foley catheter on Thursday. It was fine except that Laura was rushing me. I need to think things through one step at a time in my mind and I guess it seems slow to the instructors. It made me realize how much of the tiny steps that we learned in 220 that I have forgotten. The Foley bag was quite a puzzle since I haven't looked at one for months! I think I will watch some of Delmar clips in my spare time. At the end of the day I had the opportunity to watch a Foley be inserted into an elderly gentleman. That was very eye opening. I had no idea how far it had to go in. It was uncomfortable for the patient too. The first time I do that I know I am going to be really nervous about hurting the guy. I also watched an IV bag get hung and primed but there was no pump so I didn't get to see it actually hooked up.

Friday was a wonderful day because I had the perfect patient. She was young and very helpful. She had 3 fistulas in her arm so I got to hear my first bruit and feel my first thrill. (I did ask the nurse to tell me what a thrill sounded like. Felt kind of silly.) I got to take a BP on the lower part of her arm because she had an IV above her elbow. Both assessments went well, I felt a lot more organized. I just need to figure out where all to sign on all the different papers!

I had one other thing happened that I wasn't expecting. I basically watched as a new patient got checked in and settled into his room. He was recovering from respiratory failure secondary to 9 cracked ribs. He was quite gregarious and verbal—asking a lot of questions and making a lot of comments. His wife was there and remembered that she had had Minette for a nurse when she had been in the hospital a while back. He was in quite a bit of pain from being moved so Minette gave him some pain meds. I checked in on him an hour or so later to see how he was doing. He was hot and said that he thought he was hallucinating. I asked him why and he said because he thought he was going to die but that his wife did not agree. I put a cool wash cloth on his forehead and told him to close his eyes and try and rest. I told the nurse about our conversation but did not say the word “hallucination” because I thought he had used it in the wrong sense. When I went to tell her that I was leaving for the day, she was on the phone with this man's doctor about his hallucinations. It turns out that there was a possibility that the pain meds were affecting his thought processes. What

struck me was that I did not connect the pain meds with the “hallucinations”—I just thought he was tired or worried or something.... Once again I was reminded how much I don’t know!

Clinic Journal

September 29, 2005

I have now been on the 4th floor at St. Pete’s for 3 weeks, (since I can’t count the week that we couldn’t go because of JAACO). Thursday and Friday are by far the best days of the week! I really like knowing some of the nurses and feeling welcome. I still get nervous picking a patient, wondering how sick they will be, but by the time I have spent the morning with them I am sorry that it is time to leave. Next week I think that I will go on in and introduce myself to the patient and get a look at them so that I don’t build up so much anxiety over how I picture them in my mind based on what I read about them in the chart.

On Thursday, I took care of a patient with cellulitis again. I was pleased with myself because I found that the back of his leg was much worse than the front of his leg and was able to make his chart reflect that fact. I almost missed looking at his calf but remembered that I needed to assess the wound to its edges, not just the part I could see. I also gave him a shot—the first ever for me, except for Kathy in the lab. I wasn’t nervous because I thought that, since he was diabetic, he was used to shots. It turns out, he wasn’t treating his diabetes and so he was very nervous to get the shot, but I did not know all this until later in the day.

I felt sorry for his and his wife because they are now coming to grips with the fact that he does indeed have diabetes. They are what the government would call the “working poor”—they both work but neither has health insurance through their minimum wage jobs. When the nurse was talking to them about what he would need to do to control his diabetes, his first comment was that he did not have a doctor and that they were still paying off the hospital bills from the year before. I know that they felt very overwhelmed and depressed with the whole situation.

On Friday, I took care of a lady with “general weakness” and rectal and vaginal bleeding. She was wonderful and I was able to get past some of my fears about personal space. We took a shower practically together and she was so appreciative to be able to get up and get washed. She was very large but very comfortable with her body and was really helpful with what ever I needed to do. My nurse, Diane was also great. She helped me a lot with how and where to put the ointment for the raw areas of the folds and where to put the powder for the yeast infection. In reality, it was much like diaper rash and babies (only much bigger!). I figured out that if a patient can’t sit up or roll over, you can still listen to their lungs by having them roll over on one side and then going to the other side of the bed and having them roll as far as they can the other way.

If anything, I am realizing how much I don't know, especially when I try to figure out how everything goes together. I can now take vitals and ask about pain and listen to hearts and lungs (although I don't know what I am hearing) but to put it together into something meaningful for the big picture I still get stumped. I really like being a part of a team though, and I am glad that I am getting better at some things!

New things that I saw and did this week:

Gave 3 shots!

Watched a NG tube get inserted (wow, I am not looking forward to doing that)

Saw a nurse tenderly care for someone very uncomfortable.

Pericare for a lady

Saw orange peel skin

Read through a chart and figured out something important that no one realized.

Clinic Journal

October 6, 2005

I talked with a nurse who is transferring to the Emergency Department after 3 1/2 years on 4th floor. She talked a little with her co-workers about how 4th floor is where she learned to be a nurse. It made me realize how much I have learned in just a few weeks and how I love the variety and challenge that each new patient brings. I am thinking about home health and hospice but after talking with this nurse maybe I will work in a hospital for a while to get that "foundation" that I so desperately want and need to be an excellent nurse. I really like the variety of nurses and the comradeship that I am seeing.

I love how God orchestrates things in our lives. I had the privilege of caring for a lady who needed gall bladder surgery (actually a laparoscopic cholecystectomy ☺). It was really cool to follow her clear through from hospital room to pre-op, to surgery, to recovery, and back to her room. I liked doing the research for the paper because I know nothing about gallbladders and pancreases before now. Anyway, on Saturday I got an email from mom and dad and to make a long story short, it looks like he will be having his gall bladder removed. I was able to email them and let them know that I know what he is facing! (Laparoscopic surgery was amazing! Watching the instruments punch through the abdomen wall via the camera inside the pumped up abdomen was incredible, and then the nippers with the "fire" in the tips—who figured all that out?)

New experiences this week:

Removed a Foley by myself

Protonix IV push (I think it was worse for Janet than for me...)

More shots (sq)

Found a low BP and realized that it was a problem

Primed IV tubing (need work on that one!)

Hung a piggyback med and forgot to unclamp it
Said goodbye to a patient who called me her favorite nursing student
Helped the other nurses with a lot of little things (making beds, helping patients to the bathroom, pulling pts up in bed, emptying emesis basins, etc. (all the little things that worry me)
Responded to an emergency light with Maria
Used the glucose meter for the first time (couldn't figure out how the needle for the finger stick worked—need to look at that again)
Watched a surgery

Clinic Journal

October 15, 2005

This week was eventful more for what I saw rather than what I did. First though, I have to say that, once again, the first thing I did was respond to an emergency light, this time in my patient's room. I was proud of myself that I heard the bell and realized immediately that it was my room (even though I was right there at the door looking at his chart). My heart was pounding but I rushed right in, wondering what tragedy had happened this time. He just needed help off the toilet. I laughed at my apprehension but was glad that I could help him!

It turns out that I had met the man three weeks before while I watched a nurse insert a Foley catheter to see how full his bladder was. He was a delightful patient, easy to work with and he had a truly amazing heartbeat. According to the doctor's notes, it was irregularly irregular but according to me it was almost impossible to count. I tried to hear his slight murmur, but I don't think that I really heard it. I spent a lot of time listening to his heart and feeling his radial pulse because it was so different than anything I had ever heard before.

I followed him down to watch his TEE procedure (trans-esophageal electrocardiogram). He was nervous and we had to put the oximeter on his toe to get it to register. The nurse explained what she was doing but the doctor and the ultrasound tech were very business-like. I did recognize the tricuspid valve. They couldn't finish the test because of esophageal strictures. Too bad. I guess that it is really cool to see the heart working and the valves opening and closing.... Maybe someday.

The thing that impressed me though was helping Minette with a patient who had a GI bleed. He had earlier refused dialysis but wanted to be treated for the rest of his problems. He said that he was ready to die, but not today. He then refused a nasogastric tube. Everyone took it in stride and let him call the shots. He said yes to blood and asked for morphine. The problem was that the doctor would not give him any unless he decided to ask for strict palliative care because of the bleeding and his low blood pressure. Minette was afraid that the morphine would depress everything too much and that he would never wake up. She explained things to the family and was very supportive in her care of the patient.

I went to lunch and when I came back a half hour later, the man had stopped breathing for an unspecified length of time but then started again. I watched the reaction of the nurses involved in the care of that man and how they dealt with his uncertain “significant event”. Death—I just don’t know when it is near. I had talked with him an hour earlier, given him a warm blanket and brushed his forehead with my hand. When I left for the day, he was close to death.

Lucretia Shafer
Clinical Journal

October 21, 2005

It’s over, and I am really sad. I can’t believe how much I enjoyed working in a hospital. I was so worried about not knowing how to take care of patients, but I realized that so much of the basics of caring is really pretty basic—I made it a point of following my nurses when I wasn’t busy with my patient to watch and learn how they change beds, help put people on bed pans, wash them up, and do all those little things that make such a difference in the quality of a patient’s time in the hospital. It was also obvious that some days, there is not much time to do those small things because of time constraints, and that organization and forward thinking can really make a difference in how caring a nurse comes across to a patient.

This clinical rotation went above and beyond all that I had hoped or dreamed. Before I started this rotation, I never pictured myself in a hospital job, but now I can see myself on a floor like the one I was on. I loved the interaction with the patients and the challenge of caring for someone with multiple diagnoses. The challenge of long lists of medicines, and collaboration with other health specialties was stretching and invigorating! It was also eye-opening to see how all the nurses worked together, helping the patients and each other.

Three events stand out in my mind and make me see how I am actually becoming a nurse. The first is when I found a low blood pressure and knew that it was something out of the ordinary. I rechecked her BP, compared it with the past few days, and knew that my nurse needed to be informed. I am beginning to put the stuff that I am learning in the classroom into practice. That’s exciting!

The second experience that I will take with me is when I almost literally took a shower with a lady who had not been out of bed for four or 5 days. She was so itchy from lying in bed and not being able to shower. When we got her into the shower, she literally shivered with pleasure at the feel of the water on her back. We had so much fun showering. She took to calling me “Saint Lucretzia” and I called her “Saint Dagmar”. Sometimes it really is the small things that matter.

The third memory that I will hang onto is the time I spent with an elderly gentleman who had the potential diagnosis of cancer. He was in his late 80’s and the possible cancer was probably untreatable. I was not looking forward to my second day of caring for him because his doctor was going to tell him about the possible cancer on Thursday afternoon after I had left for the day. On Friday, he was very pragmatic about the whole thing and although somewhat bothered by the conversation with his doctor, he was very comfortable about the future. That weekend I wrote up the pathology about his diagnoses and felt a glimmer of hope that perhaps the doctor wasn’t right.

There were a lot of variables involved in this man's health history and there is a chance that he will live a lot longer than we think.

I think that this patient made me see again that nursing is a holistic profession. It is not just black and white facts that you can add up and come up with the answer. It is focusing on the whole person--mind, body and soul--and assessing how best to intervene and assist them at this particular point in their lives, using their strengths and weaknesses. Really what this man needed most at this time was to go home to his wife and eat a t-bone steak dinner.

I am becoming a nurse!