

“My Thoughts & Reflections from Clinical” should include:

- A. Activities/interactions with patients/staff/family
- B. Observations, feelings or reactions to specific events
- C. Insights into the patient’s experience
- D. New areas of learning for me
- E. Any highs and/or lows

Log #11: Tuesday, March 14, 2006 4 North

A. Today I cared for a 13 month-old toddler admitted yesterday evening for dehydration. She was definitely feeling better today. She loved her mommy and daddy and was not too happy when anyone else messed with her. She did warm up to bubbles and loved the playroom. Her mom tried to get her to take a nap, which she really needed, but she did not fall asleep until she was discharged and I was DCing her heparin lock. As I was cutting off the gauze and tape, she cried a bit, closes her eyes and fell asleep. Mom was happy to be going home to get some much needed rest.

B. I think toddlers are the hardest to do an assessment on because infants lay still (maybe not quiet though), preschoolers just need to be encouraged and talked to and shown what is going to happen, older kids have some self control, but toddlers—there is no reasoning with them, bribing them or distracting them. But they are a lot of fun and when they are feisty, that means that they are probably ready to go home!

C. Since today was kind slow and easy (no meds, etc) I had the chance to go back and talk to two moms of kids that I had cared for in the past. I liked being able to do that, to see where they were at in dealing with their child’s illness and letting them know that I care about them. I had the opportunity to run downstairs and get A. some ginger ale and to talk to C.’s mom about her decision about the route of care for him. I wonder how much time I will have for that when I am working....

D. Today I did my first IV stick on Cherie! Actually, I first tried to do it on Jessica, but she almost threw up and almost fainted. Fortunately, due to my great nursing skill I pulled the needle out and she got her head down fast! You ask, why did she almost faint? I am sure it had nothing to do with the fact that I could not find her vein and was poking around, looking for it.... I also learned that PICC lines in babies are never used for blood draws because the catheters are too tiny because their veins are so tiny.

E. I felt useful today. Everything that A. needed I was able to do—charting, DC IV to hep lock, then DC hep lock, measure I/O, get her vitals, assess her, measure I/Os, etc. She wasn’t a difficult patient, but it was nice to be able to go through out my day without feeling like I needed to get help each step of the way! I went and talked with A. a little bit and she was willing to chat a little. (This was the girl who was my first peds patient.) Shortly before I left, I peeked into another 4 year-old’s room, in for chemo also, and they were playing together and the moms were talking. Even when the world is falling apart, things stay the same. Four year-old girls love Barbie and moms love to talk about their kids.

Log # 10: Monday, March 13, 2006 4 North

A. Today I cared for a 46 day-old infant with “fever, rule out sepsis” diagnosis. He had been admitted two days ago and was actually getting ready to be discharged. Today, his mom was the one who was sick--throwing up sick. She went down to the ED to see if they could give her anything to help but since she is breastfeeding there was not much they could do.

B. Today was definitely within my comfort zone. There were no meds to give, mom needed some reassurance, but was a loving, attentive mom with a good understanding of her baby. I think that the thing

that shocked me was that the doctor decided that the baby has meningitis. I watched him all morning and he never exhibited any signs or symptoms of being ill. He was developmentally fine, interacted and communicated appropriately for a 46 day-old infant, vital signs were WNL, he ate well, pooped well, and never showed any signs of discomfort or pain. A PICC line and 2 weeks of intense antibiotic treatment seem very excessive. But on the other hand, what if he does have it? Is this treatment better than waiting to see if he really is sick?

C. I am sorry that he needs to go through the treatment for meningitis. It almost seems to me that mom should have treated the fever at home with Tylenol rather than bringing him to the hospital.

D. I learned that the parent is not my patient when it comes to HIPPA and pediatric nursing, so I could have answered the grandma's questions about her daughter, but not about her grandson. Hummmm.

E. The best part of the day was taking care of this little guy! Really, I was more of a babysitter than a nurse, but that was fine with me. When I am paid to do this, I will have 3 or 4 little ones and won't get to spend the time with them that I did with him today.

Log #9: Tuesday, March 7, 2006 4 North

A. Today I cared for a 16 year-old young man, POD 4, with Downs Syndrome, asthma, seizure disorder, and heart problems. Actually, Cherie and I cared for him. He is suffering from constipation right now and is on a number of different medications for his various ailments, which kept us very busy all morning. I was glad to be able to help C, the LPN because she had a heavy workload. I was also glad that Cherie helped me because I had a heavy workload. We were all glad that Fella was there to help whenever we called! The boy's mom is very involved with his care. She was even willing to go upstairs and bring down the right gowns for her son, knowing that there was a good chance he would be without clothes for the better part of the day if it was left up to the staff.

B. I need to look at the treatment screen and somehow get the big picture for the day. I did not realize that he should have been using the incentive spirometer every hour until my shift was almost over. It would have been easy to fit in but I did not even think about it. I also need to become adept at accomplishing a full morning assessment. Somehow, I always manage to forget important steps, mainly because none of the patients lie still and don't talk like the Henrys and Henriettas in the lab at school. It's coming though. Each time I manage to remember more and more.

C. I think that R. N. received good care from us today but I think we may have kind of overwhelmed him a bit. Three women trying to get him to wake up, take a drink, breath deep, roll over, sit on the commode, and on and on. But on the other hand, he needed to do all those things. There is a fine balance between getting the necessary tasks done and being pushy. I think the thing that worries me the most is the management of his pain. He is a stoic young man, limited in his ability to communicate, and appears to have a high pain threshold. But, he obviously feels pain and according to the meds that I gave to him for pain today, he was under-medicated. The problem is, he doesn't complain. But, he had major gastrointestinal surgery, has three incisions on his abdomen, and a drain. He also is not moving very much, spends a lot of time with his eyes closed, and refuses to speak very much. Using the FLACC pain scale, his pain is rated at a 1 or 2. He could not rate his pain on a numerical scale. I should have found the face scale. He may have been able to use that. I guess I thought there would be a pain management protocol in his care plan. I could not find any.

D. I gave my first enema today. I cared for my first Downs patient today. I gained a lot of experience with IV meds using both the syringe push machine and piggyback. I gave another SQ shot. I recognized an infiltrated IV and turned off the pump (Thanks Janet!). Things are coming easier.

E. Today was team nursing. I liked that. I talked to Kelsey after she took over for me and she reported that R. N. had talked to her a lot. That made me happy because it means that he is getting better.

Log #8: Monday, March 6, 2006 4 North (It's my b-day!)

A. What a day.... I thought that it was going to be a piece of cake. I was given a 4 year-old girl with one med that was a laxative. How hard can that be? Well, it can be really hard. I introduced myself to my nurse, logged on to the computer and went to work. I knew that I was in trouble when the little one dived under her covers crying when I said "good morning" to her. My interactions with her went down hill from there. I did manage to finish up a morning assessment on her, wash her face (never did convince her to brush her teeth), and watch the tech from Nuclear Medicine inject her with radioactive calcium (it was clear). I spent over 2 hours trying to count her respirations and finally accomplished it after giving her morphine and she fell asleep. My nurse had a firm but kind way of dealing with her, which worked well enough, but apparently made the parents unhappy. I had the opportunity of accompanying her down to Nuclear Medicine and observing a bone scan. It was very interesting. The little girl was put under anesthesia so she cooperated very nicely. I had a chance to talk with the doctor about her cancer and how they were verifying the diagnosis with various tests. The parents are obviously very distressed with what is happening. At one point the mom apologized about something and I told her that she had only one thing to worry about and that was her little girl. Today, her worst nightmare was happening. My heart went out to them.

B. I was very frustrated by the computer charting, the little girl who would not cooperate in any way, my nurse who seemed very tired and burned out, parents who seemed "stand offish" and my fumbling attempts to figure things out on my own. I don't think that there was any point today that I could say, "Nice job, you did that well." Tomorrow will go better. I still feel lost when I walk into a patient's room for the first time.

C. I cannot imagine what it would be like to be this little girl. She has such a defensive attitude and manner about her that is understandable and yet unworkable, especially since she is now in it for the long haul. I wonder if there is someone who can come along side this family and teach them some coping skills that would give them some guidelines for how to navigate these treacherous waters that they are now in. It would be really nice to sit down and read her a story and to see her smile.

D. I used the IV push machine today to give the morphine. I learned about bone scans and diagnosing cancer. I learned that "easy" patients can be utterly time consuming. I learned that being overworked leads to burnout.

E. I left today feeling like a failure. I could not feel sorry for myself because in reality, it is the little girl and her parents who are carrying the real burden but I was pretty shocked at my inability to work with this little girl. I'm not that bad with kids! I do like talking with people but I didn't think that I had done a very good job at working with the parents either. Everyday, on my way to clinicals I pray that my patient's day will be better because I was their nurse, but I did not see that happen today—until Cherie call me this evening. My heart rate picked up a bit when I discovered who was calling but her news made my day. She said that the parents had sought her out to tell her that they appreciated my work today with their little girl. I had done a good job! "Doing for others what they cannot do for themselves right now." Nursing is so much more than skills! That family has a long road ahead of them. I hope there are other nurses that will come along side of them along the way. I hope that my nurse's co-workers will come along side her and give her the affirmation and care that she needs and deserves. This has been a good, hard day.

Log #7: Tuesday, February 28, 2006 4N (finally)

A. Today was not a day with patients since it was our first day on the floor. We familiarized ourselves with the computer system (Yeah! I remembered my passwords!) and the layout of the floor, listened to report, reviewed ped assessments, and went over paperwork. The nurses on the floor seem to be ready and happy to work with us. I like that Fella and Cherie and Cherie have such a good working relationship with them—I am sure that that will make a big difference in our clinical experience.

B. The computer system will take a bit of getting used to but it can't be anymore frustrating than the charts at St. Joe's! I really like that once a problem is taken care of in one place it is fixed through out the chart. My patient's DOB was not in his chart, but when the problem was discovered, it was fixed immediately. It

still seems strange to have babies as patients—and that they still want to play and smile and grasp my hand even when they are sick enough to be in the hospital.

C. I kept wondering about the little one with the breathing problems. He is 3 months old and his parents were not at the hospital today (for a good reason). I wonder if a nurse was with him most of the time—hopefully for sure when he was awake. Do they have baby monitors in the rooms? I forgot to ask how that works.

D. Crepitus was pretty cool to feel. I think I thought that it would be lumpy on the skin too, like rice krispies right under the skin). I also did not know that there would be a main O2 shut off valve somewhere on the floor. My guess is that all floors have them but this is the first time that I have ever heard of it. I am not sure when it would be shut off...maybe in the case of fire?

E. I am glad to finally be on the floor. The experiences garnered from the other sites were great but I like being somewhere for a while and getting used to the ebb and flow of a place. I am looking forward to working with the families because I am beginning to grasp how family-oriented pediatric nursing is. The joys and frustrations of this type of care will soon become a reality rather than just book learning!

Log #6: Monday, February 27, 2006 NICU

1. There were 16 babies in the intensive care nursery today with 6 babies in the NICU. Kelsey helped with two babies that were born at 34 weeks who has some respiratory issues. One also kept experiencing bradycardia. Two more were born prematurely, one at 24 weeks and the other at 26 weeks. The little girl was 11b 9oz at birth and is now 2 lbs 13 oz at 8 weeks old. Her parents are there all the time. The two that I helped with were both born with intestinal atresia. One was born with a duodenal atresia and had surgery last Thursday (the day she was born) to repair it. She also had a high bili count so was having light therapy. The other little girl was born day before yesterday with a colonic atresia which was repaired to a large stoma along side her belly button. Both kids are NPO and needed to be kept quiet.

2. Two strategies to reduce infection in the NICU: We washed our hands before coming into the unit for 5 minutes with special soap, sponges and nail cleaners to above our elbows. No jewelry or watches are allowed except for a wedding ring. The babies each have their own bp cuffs and stethoscopes. Thermometers are shared but the covers are changed. I saw a lot more hand-washing going on in the NICU than I have seen elsewhere.

3. I watched vitals, OG patency checks, pain assessments and management, gavage feedings, light therapy, positioning and repositioning, IV fluids and TPN, and suppositories.

4. I really just followed her around, asked a lot of questions and jumped in where I felt competent to help. Our babies needed to be watched and left alone for the most part. I was able to calm one of them whenever she got feisty. They said that she was pretty unhappy yesterday.

5. The one that interested me the most was pain. My nurse did not explain what she was charting in the computerized charting but I had wondered if I would be able to tell if a baby was in pain for sure. The doctor in charge of the little girl who had had surgery on Saturday did not like to prescribe narcotics to babies probably because of the respiration issues in newborns, especially premies. The baby was given Phenobarbital, which made her sleep but did not alleviate her pain. One nurse said that pheno and Tylenol worked well, but Tylenol was not prescribed. The night nurse had tried to get morphine for her and was able to give one dose. My nurse was able to convince the doctor to prescribe morphine prn and it made all the difference. The baby's resp rate slowed from 70's and 80's and higher to the 50's with jumps now and then. Her HR slowed down from 170's to 140's. She was visibly more relaxed and calm, less fussy and tense. I also listened to lungs, bowel tones (or lack there of), heart, looked at skin, reflexes, edema, and calculated I/Os.

6. See #5.

7. I think that I already knew most of it because we were in the NICU at St. Joseph's for our OB rotation. I did find out at the Well Child clinic that Madagan sends their PKU test blots to Oregon because Oregon test for more problems than Washington. I looked it up and WA test for 10 diseases while OR tests for 29 diseases. That is a little misleading because Washington lists their tests differently than Oregon. Hemoglobinopathies is one test for WA and 6 (I think) for OR but Oregon does test for more problems. Their literature said that the tests cost \$54. I do not know how much WA testing costs.

8. Today was fine. I have never seen such tiny babies as the two premies and was blown away when I found out that they were one month and two months old. I do not know what it would be like to work with such tiny babies. I do not want to be a NICU nurse.

Log #5: Tuesday, February 21, 2006 Well Child Clinic

1. Immunization Schedule exercise completed
2. I saw 4 two-week old exams, two 2-4 day-old exams, one 2 month-old exam, one 9 month-old exam, and two 15 month-old exams (twins).
3. The nurse practitioner was great! She let me listen to hearts and lungs, check abdomens, look in ears, noses and mouths, check hips, reflexes, and femoral pulses. We helped moms work on breastfeeding, discussed how to get a 9 month old to eat more, reassured a new mom that occasionally crossed eyes in a 2 week old is normal and daily hiccups are OK too. I entertained older siblings (drawing pictures and blowing bubbles) while they waited the mandatory 15 minutes after receiving a shot. I also admired countless babies and wanted to hold every one of them!
4. I lost count. I probably gave 12 to 15 shots, mostly IM but one SQ. I watched a PPD but the RN wasn't there so I couldn't give it.
5. Anticipatory Guidance for 1 month: The baby's main job right now is getting used to their new environment. They need to figure out eating and sleeping patterns and how to interact with those around them. When they cry, sooth them, figure out what they are trying to tell you. Talk to them, sing to them, Offer them different objects to look at and touch. Play tracking games with them. Remember that you can't spoil an infant. Give them "belly" time, not just back time.

Anticipatory Guidance for 1 year: Boy, are they busy! They love imitating those around them and they love to communicate. Often they understand far more than they can verbalize. Simple sign language can be very helpful when the words are not quite there yet to help them communicate their desires and needs. Pretend play, a developmental milestone will be beginning—spoons turn into airplanes, and bowls become hats! This is also a time of explosive motor development. First, walking, then running and jumping, along with playing ball, stacking toys, climbing and exploring. Enjoy your child and remember that your relationship with him is the foundation for all of his development—social-emotional-intellectual-language-motor.

6. This was a good day because it went so fast. The best part was working with the nurse practitioner because she was so good at letting me take part. I also liked giving the shots. It would have been good to see more of the paperwork but I know that I will have plenty of that soon enough. There really wasn't a low part. Maybe when I did not get to give the PPD but that really wasn't bad. There are sooo many kids at Madigan. Those 2 week old babies just kept coming!

Log #4: Tuesday, February 14, 2006 TLC

1. I was in the pre-k class in the AM and there were 10 children and one teacher. For the afternoon, I was with the one year-olds and there were 6 little ones and one teacher.

| Toddlers | Preschoolers |
|--|--|
| Steady growth. Adult height approx 2x's height at 24 months. Walking, feeds self, drink from sippy cup. Scribble with crayon, play with blocks, balls, rigid books. | Physical growth slowing. Avg wt: 37 lbs Avg ht 40.5 inches. Good control of large muscles, small muscle developing nicely. Beginning to draw pictures, write alphabet, use scissors. Very active. |
| Friendly, curious, point to objects they want, know body parts, easy to distract, short attn span. | Very talkative, love the way words sound, like to talk about poop, gross things. Able to understand basic concepts of numbers, size, weather, colors, texture, time, sounds of alphabet. |
| Play along side each other. Love to imitate. Do not understand sharing. Love to repeat things. | Active imaginations. Aggressive and controlling. Tend to brag and be bossy. Want to be independent. Love to be praised. Need to feel important, noticed. Do not like to be left out. |
| Be careful of fingers getting smashed in doors. Falling or getting knocked over. Water temperature at the sink. Wandering away. Choking. Climbing up on things. Allergies | Proper use of safety equipment—helmets, pads, etc. Teach safety precautions with scissors, knives, toothpicks. No running with stuff in mouth. Teach personal safety. |
| Definitely have individual personalities. Easily frustrated. Terrible 2's start at around 18 months. Love to be center of attention. High maintenance, but in a fun sort of way. Curious, happy. | Easy to tell who will be the out-going cheerleaders, who will be the athletes, and who will be diligent and studious. The leaders and the followers. They are kind, love to please adults but can be very volatile with peers. Best friends one minute and yelling at each other the next. |
| Most of the little ones did not talk to me. They pointed and babbled a lot. Knew animal sounds. A couple of the older ones could talk in 2-5 word sentences ("More blueberries please.") | Very fluent, talkative, eager to learn meaning of new words. Like to play with words. Will burst into tears or clam up rather than talk out an emotional situation. |

3. In the toddler class there was one girl who was exceptionally tall for her age and very articulate also. Her parents are both over 6 feet tall. I wonder if she is verbally advanced because she looks older than she is and people treat her like an older child?

4. I washed my hands a lot today. Kids are rather slimey. I was glad that they used a clean wash clothe every time a little one needed to be washed up. I was surprised that they don't use disposable wash clothes.

5. We had a lot of fun playing with the little ones this afternoon. They got to go outside for a while and then we played in the large room for quite a while—helping them get all their wiggles out. I think the pre-K's would be fun to be with on a regular basis. They were kind of wound up today because it was Valentine's Day and their schedule was all switched around.

6. I think it would be preventing the spread of colds and viruses between kids and teachers within the close quarters of the school or daycare. Another issue would be safety of all kids through out the day in all their various activities.

7. Finally, lots of kids! I felt like we were really needed here. PLU should send over a lot more Early Education trainees! It felt kind of funny being introduced as a nursing student though. I felt more like a student teacher or classroom helper. Those teachers do a wonderful job working with the kids.

I really don't like daycare and wish that the kids could stay home and get up when they wake up and spend a lot more time in a quieter, slower place. I watched a little boy pour milk out of the pitcher into his hand. I could tell that he did not think that there was more than a couple of drops and was very surprised when a tablespoon or so came out. He felt really bad that he had made a mess and ended up getting embarrassed by his mis-judgement because of all the kids around him. Another girl wanted to cut out her coloring picture but was stopped because that picture was not for cutting.

But there is a lot of love at TLC and the kids are GREAT!

8. I made a poster about brushing your teeth.

Log #3: Monday, February 13, 2006 Hematology/Oncology Clinic

1. We spent time with three patients. One young man was diagnosed with T-cell ALL, one had a brain tumor, and one had Non Hodgkin's Lymphoma.

2. We watched the nurse access an indwelling port, watched a young man get chemo, and watched 2 IV specialists try to get an IV started on a patient. When the IV was finally started, we walked up to the Peds floor with the family and helped get him settled in his room.

3. The RN let us help with the port access preparation. We took BP and pulse during chemo administration every 15 minutes, helped out where we could during the IV start, made labels for an upcoming procedure, sat with the boy getting chemo when his mom needed to eat, and spent a lot of time talking to the kids and their parents.

4. Nursing care has to be family-centered when a child has cancer because the parents are the child's protectors, cheerleaders, comfort, safety, rock, and support. They become quickly adept at the "tasks" of nursing that their child requires and are very tuned in to their child's response to the treatment. They have every right to be involved in the medical decisions that need to be made no matter how monumental or seemingly insignificant. I did not see any sibling at the hospital but there should also be a place for them because, again, they are the ones who truly love the patient and who walk through this disease right along with the cancer sufferer. The hospital could make it easier to get food and go to the bathroom when a child is receiving chemo.

5. I was glad that I had read through the National Cancer Institute info because we spent quite a bit of time with a boy with ALL. I felt that it prepared me somewhat for an intelligent conversation with the mom. It was amazing how much she knew about her son's disease. The article on hospice/palliative care was good because we spent the afternoon with a 7 year-old boy with a terminal brain tumor. I have spent a lot of time thinking about death and dying in adult patients but I hadn't read anything about hospice for kids. It makes me sad that so many kids are not given care that focuses on palliative measures.

6. I think what I took home with me today is the confirmation that I want to go into some kind of nursing where I can offer comfort and care to hurting people. I really liked talking to these people who are all facing the mortality of their children and yet are able to carry on. These kids need some kind of normalcy and it was good to see the nurses interact with them, offering dignity and respect, praise, encouragement, and laughter. I was surprised to see the teenagers—somehow I thought it would be little kids....

Log #2: Tuesday, February 7, 2006 Evergreen School Health Room (Doc's Hospital)

1. I had the opportunity to take one boy's temperature (with the help of a 5th grader who spends a lot of time in the health room) and apply ice to a hurt finger. We watched a youngster get a tube feeding as a supplement to his lunch. It was going in slow today, compared to other days. He thought it was probably because the rice he ate for lunch was clogging it up or maybe it was the fruit roll up.... We also saw an insulin pen for kids—definitely easy to use! I chatted with lots of the kids but since the RN was gone all day and it was a very slow day, we did not get to do much.

2. Fifteen to 20 kids stopped by the health room today for various ailments. Another 15 or so kids came by to get their meds—most of them around lunchtime. It was a slow day according to Christine, the LPN. They usually average around 60 kids total and sometimes they have to go to classrooms for seizures or other problems. Most of the kids had stomachaches or just weren't feeling very good. There was a little girl who's finger got hurt playing dodge ball, and another boy stopped in with a bloody nose. All were easily fixed with a short stay, sometimes lying down for a bit and or by applying ice. Two kids ended up going home, one with a possible stomach virus and another with "chronic sinusitis". I think the main reason she went home was because she did not like what was being served for lunch.

3. We talked to one girl about not going home because of a stuffy nose, but her mom was very willing to let her go home every time she called. Another little one was amazed by the miraculous healing power of an ice pack. We encouraged lots of hand washing and gave the kids a chance to lie down for a while when they did not feel good.

4. Given the amount of time we had we were able to review about 30 care plans and looked at three more in depth.

5. It was a very safe and pleasant place for the kids to go. No one was afraid to come in and some even used it as a place to get away from the crowds or to use a private. The two nurses have obviously made it more than just a place that meets the health needs of the kids. They have made a place for kids that don't feel well to be cared for and loved. They have made a place for chronically ill kids to be safe and loved.

6. I think it is an interesting idea. It brings together under one roof a larger percentage of chronically ill kids than in the general population. When a person can see others that have problems like theirs, it can make their problems easier to handle. Also, by having a large population of special needs children, the school can have in-house nursing, PT, OT, and other special programs that benefit the kids. Parents are better supported by the school and other parents rather than feeling over-burdened and alone.

7. The LPN does more of the hands on care of the kids. She is paid hourly. The RN does all the care plans, attends the meetings and is ultimately in charge of the health care given to the kids. She is salaried. Her job revolves around paperwork.

8. The high point of today was being with the kids. They are very trusting and incredibly resilient. Even the ones who have endured far more than I ever have are funny and compassionate. The amazement on the little girl's face when she moved her finger after putting ice on it for a couple of minutes was a thing of beauty. She grinned, flexed her fingers a couple more times and skipped off to class, tossing a "thank you" over her shoulder as she left.

The low point was at the beginning of the day when we found out that the RN wasn't going to be there.

9. I visited the School Nurse Organization of Washington (SNOW) and looked over some of their position papers. They cover a wide variety of topics including *Allergy and Anaphylaxis Management*, *Bioterrorism Emergency Preparedness*, and *Roles and Responsibilities of the Professional School Nurse*. I was particularly interested in this last one because I was disturbed by the fact that the school nurse cannot use Vaseline, lotions, creams, ointments, and pretty much anything else except ice, soap and water in treating children unless it is prescribed by a doctor. The ANA and SNOW recommends that a school nurse position be filled by an RN with a BSN degree. They hold a great deal of responsibility in the care of the school

community, focusing on wellness and health promotion. But they also are responsible for the day-to-day care of the upset stomachs, scrapes and bumps suffered by children on a regular basis. I find it hard to fathom why a nurse cannot offer any relief from chapped lips and yet they can change a colostomy bag or tube feed a child. Why do we give so much power to doctors? Or is it to politicians? And why can't I find a nursing organization that is unhappy with this situation? I am glad that all care given to children is computerized and documented and that the chronically ill kids have nursing care plans written up for them. But why can't we offer some basic care to uncomfortable—but maybe not sick—kids?

Log #1: Monday, February 6, 2006 MAMC Orientation

Highs: The best part about clinical today was making it to Madigan on time without getting too lost and having all necessary forms with me. I like going to the different hospitals and seeing how they are the same and yet different. I loved the sun coming through the windows and the beautiful mountain! I can't wait to see some kids!

Lows: I can't think of anything that was too bad. HIPPA is kind of boring.... The hospital training lady was very good--given her subject.