

Patient Care Objective in Logs:

How did you feel about the experience this week. Students are asked this open ended question in their weekly logs. Examples of typical responses follow:

2/28/08
MICU Clinical

No. of Patients Cared for This Shift 1 Unit.
MICU _____
Pt. Care Hrs. This Shift 12 Leadership/Mge Hrs This Shift
0
Total Pt. Care Hrs. this Term 70 Total Leadership Hrs this Term 2 Grand
Total 72 _____

Student Name: Cari Evans RN Name: Crystal Spinks

Date of Experience: 2/26/08 Exact Time Began 7:00am Exact Time
Ended Shift 7:10pm

Circle Experience: Patient Care Leadership Combined Leadership/Patient
Care

1. I provided care to a 41 y/o African American female (M.B) whose primary diagnosis was multiple sinovenous thrombosis. Pt presented to Hospital on 2/19/08 due to seizure at home. Patient complains of headache and received treatment for meningitis on 2/23/08. Patient became completely unresponsive and was intubated. She was transferred intubated from Hospital to Medical Center due to progressive unresponsiveness. She was extubated at on 2/25/08. M.B. has a history of hypertension but not receiving any medications for this at Brookwood. She also has a history of pseudotumor cerebri that was treated several years ago and her MRI findings were normal at that time. Her serum potassium level was 2.8 so she was received 40meq of KCL diluted in 250cc normal saline.
2.

Medication name	classification	dosage	route
a. KCL in 250cc NS	electrolyte replacement	40meq	IV
b. Esomeprazole	antiulcer	40mg/q 24hrs	IV
c. Ceftriaxone Sodium	anti infective	2gm/q 12hrs	IV
d. Metronidazole	anti infective	q 6hrs	IV
e. Levetiracetam	anticonvulsant	q8hrs	IV
f. Heparin Drip	anticoagulant	16cc/hr	IV
g. Toradol	analgesic	30mg/q6hrs	IV
3. The patient's IV pole was at her bedside for infusion of IV medications through which she received through her left peripheral IV at antecubital. She also had a right peripheral IV on her wrist through which her Heparin drip was infusing. She also had a TPN pump infusing at 65 ml/hr. Her sphygmomanometer was on her right arm. She was receiving

40% FIO₂ via open face mask which was attached to the wall and a humidifier. A monitor displaying her vital signs was at her bedside, facing the nurses' station. She also had a bedpan at her bedside and a foley catheter inserted as well as a flexiseal. Patient also had a NG tube connected to low intermittent suctioning. Additional bedside equipment includes leads for EKG, ambu bag and emergency equipment.

4. I performed perineal care on my patient since she had a foley. I provided oral care using soft, foam brush and moisturizing oral cream. I drew blood from her IV tubing to send it to lab for a PTT due to the fact that she was receiving a Heparin drip.

Overall I had a positive clinical experience. I was able to assess, plan, implement, and evaluate my patient's care during my shift. In assessing my patient, I performed a shift assessment every two hours to keep record of any changes in my patient's status. With respect to planning, my preceptor and I discussed a care plan for my patient as consisting of documenting hourly vital signs and documenting temperature every two hours. We discussed performing shift assessments every two hours and administering medications as ordered. I implemented all of the aforementioned planned interventions. Upon evaluation of my interventions, I discovered my patient maintained stability throughout my shift and was appreciative of the care I provided. Her blood pressure remained high all day (160-170 systolic and high 80s-90s diastolic), and we notified her physician who told us that this was okay for her since she needed to maintain a high MAP to perfuse her cranial arteries due to her seizure activity and history of pseudotumor cerebri. Another interesting aspect of M.B.'s condition was that her pupils were a size 4 and were extremely slow to react to light. She states that she been blind her whole life and continued to ask me to turn on the lights, even though they were already on. I told her I had turned on all the lights in the room and she stated, "oh okay, I guess I just can't see." Upon assessment of her eye movements, I noticed that she had bilateral CN VI palsy because she could not move her eyes laterally. She did have more movement in her right eye than her left, and her physician stated that this was typical of someone with her diagnosis.

The experience this week was great. I was able to perform total patient care and do all the charting for my patient. Each day I spend in the unit I feel more competent about my care. I was able to continually assess my patient's status throughout the shift and plan for her care. I had no problem implementing or evaluating care for my patient this week.

How you felt about the experience: I had a very positive experience this week in the SICU. I was able to perform total care for my patient this week. I was also able to help my nurse with the patients charting. While I was there this week, there was a code in the dialysis unit, and I got to go with the nurse. This was my first code experience and was a little overwhelming for the first few minutes. After I got over the initial shock of everything going on, it was very exciting for me. After the patient was stabilized, I was able to help transport the patient to the SICU. **Overall it was a great experience!**

Leadership & Management Objective in Logs

Yes, this will benefit me in my long-term career goals. I have thought about what I would do after I am a floor nurse for a number of years. **Being a nursing supervisor would be a very interesting and busy job, but I know that I would need many years of floor nursing experience before I could tackle the role as nursing supervisor.** Ms. Moore has learned how to organize things and how to handle conflict in a calm, quick and thorough manner and I know that this came from her many years as a floor nurse. **With this particular leadership experience, I was introduced to the role of nursing supervisor, which I was not sure about before in terms of job description and the responsibilities that she has.**

It was interesting to observe the nursing supervisor and to be able to see all the units in Children's Hospital. **One of my short-term goals is to get a job at Children's Hospital when I graduate, and I believe this did assist me to learn about the hospital and how the administration works. It is always good to be able to network and meet the people who may, potentially, be my bosses someday.**

I have gained a wealth of experience from John about managing conflict, being professional and encouraging professionalism in other. I have learned that nursing is a team approach and no one nurse can do it all. I have learned a lot about myself and what I like and do not like.

As a career goal, I want to be a manager someday and take care of a unit like Molly does. I know this experience has already laid the foundation for achieving my career goal. I have learned so much about conflict, team work. I can use the knowledge I have of quality improvement and even start my own group to get things changed for the better. I know that my education is not ending after taking my final on April 25th, but is in fact just beginning. Everything the nurse manager taught me will become a part of my thinking and actions.

As a future leader and manager I will use the democratic leadership style taking into account people's ideas and opinions. Also, I will not be scared of participating in politics of the organization. I am not too good in politics and learning about it helped me to see it differently. And overall to know all that is involved in managing a unit (budget, personnel problems, staffing, etc.)

I have learned more under the leadership of JM in these three months of preceptorship than I have in all of nursing school.

Research Objective Log Objective:

Example of how students connect research with the care being given in the hospital. The student summarizes the article and tells how it relates to care in their particular unit. Read bolded comments for student's rationale for choosing the article.

This article is about treatment for acute bronchiolitis caused by RSV (respiratory syncytial virus). There are some known treatments, some that are thought to work and others that have been proven to not be effective. The article describes the virus' epidemiology and how to prevent the viral infection. It also talks about indications for hospitalization and when outpatient management can be done. What is interesting, is when the article describes inpatient maintenance. It states that basic management includes oxygen therapy, fluids to prevent dehydration, respiratory support, and parental education. The article discusses in detail when respiratory support in the form of mechanical ventilation may be warranted, when IV fluids should be used, and how nasal suctioning is probably helpful. The author mentions that the AAP does not recommend using corticosteroids with RSV, but that they are considered possibly effective by the Agency for Healthcare Research and Quality (AHRQ). An evidence report from the AHRQ stated that nebulized epinephrine could possibly be effective. A recent study by this group reports that the nebulized epinephrine does not reduce the length of patients' stays in the hospital or the time that they are ready for discharge. Also shown to not reduce hospital stays or improve oxygen saturations is other bronchodilators. An analysis of corticosteroids used for bronchiolitis showed some improvements in symptoms, length of hospital stay, and length of symptoms. The reason for these improvements could be linked to Asthma or Allergies though. The AAP doesn't recommend using corticosteroids for RSV. Other treatments have been evaluation and proven to not be effective. These include Ribavirin and antibiotics. Infection control is used to reduce the spread of the virus.

This article is very interesting, considering a lot of my patients lately have had RSV. In the Special Care Unit, only oxygen, IV fluids, and respiratory care, such as suctioning is used in caring for patients with RSV. No other treatments are used. This article pretty much shows that these treatments are the only proven ones that should be the textbook treatments.

Other treatments have been tried in the article, but none show significant success. Oxygen is used to maintain saturations above 90% and for ease of breathing. IV fluids are used to prevent dehydration in those patients who have poor oral intake because of lack of appetite or are breathing too fast to eat. Also, suctioning is used for the copious amount of secretions that RSV causes the patients to make. The suggestions for treatment in this article parallel what is being used at Children's Hospital.

Reference:

Steiner, R.W. (2004). Treating Acute Bronchiolitis Associated with RSV. *American Family Physician*, volume 69 (2). 325-330.

2nd Example of Research: Today at clinical I had to pull my patients central line. I was interested in finding out if there had been research done on the proper and improper ways to pull a central line. According to an article in the *MedSurg Nursing journal* an air embolism is one of the most serious complications that can occur with central lines. This research article describes the proper techniques to removing a central line. It includes patient positioning, patient participation, and dressing coverage on the exit site. It is recommended that the patient be supine during the removal of a central line, and not sitting or upright. During the procedure the patient should be instructed to perform the Valsalva maneuver or hold their respirations. The article notes that it is very important to immediately cover the site after removal to prevent air embolism. It is recommended that the site first be covered with antibiotic ointment and then an occlusive dressing that should be left there for at least 24 hours. The patient should remain in supine (or semi-supine position).

Log Question on Professionalism:

My preceptor demonstrated professionalism in the way that she handled a difficult parent. A parent of one of our patients on Friday night was complaining and had been ever since her child had been on the unit about the way his care was handled. She did not agree with the plan of care and demanded that her child get antibiotics for his RSV. Julie, my preceptor, calmly explained to the mother that RSV is a virus and cannot be helped by antibiotics, since they are for bacteria. She never lost her temper during the mother's arguing and complaining. She handled the situation professionally.

Leadership Paper Comments:

This experience will benefit my long-term goals because it allows me to see what my role as a nursing manager would be in the future, particularly that by acting as a member to advisory committees, **I will be able to influence nursing policy on a hospital-wide level.**

Another thing I learned is that conflict is not a bad thing. How a person goes about solving the conflict shows their character. For instance Mary fought for what she wanted in regard to the budget. There were aspects that she just would not back down from and she was extremely firm in standing her ground. It was wonderful to watch a person be so strong and be well respected and I would like to utilize those characteristics in my practice. I really appreciated the opportunity to be one on one with a clinical coordinator and be able to spend so much time observing her was a valuable learning experience.

This experience helps me to see all acute and critical care areas of the hospital from an administrative standpoint, as well as from a patient care standpoint. **It also helps me to gain perspective on how difficult the nursing supervisor's job can be, and how easy it might be to take out anger about a staffing issue, patient issue, or hospital issue on this person (and how important it is not to, given all the ways in which they help the nursing service as a whole!).**

This experience helps me in yet another way to see the far-reaching decisions that nurses make and how powerful their effects can be on a whole health system. This group of nurses is in charge of all of the other subgroups of nurses, from committees to councils to researchers, and it was interesting to see this aspect of the decision-making process (the finalization), where before I had only really been seeing the decisions being weighed and counter weighed.

What are the manager's strengths and weaknesses?

Strengths of the manager I worked with included an ability to present his opinion in a neutral manner and to stay on task; the group as a whole did not always exhibit these characteristics. Many nurses interrupted others, or spoke in a way that seemed unprofessional to me (often, it sounded accusatory). **On the whole, the meeting was organized well and most persons spoke in turn, and the lead nurse did a good job of keeping the meeting on track, although I thought it a bit negligent to allow some nurses to speak the way they did to other staff members.**

She has many strong leadership qualities, including active listening, being service oriented, and well respected by others. She is very caring and makes those working under her supervision feel cared for and appreciated. She does not have many weaknesses that I was able to recognize in such a short period of time, other than being slightly disorganized.

John Doe strengths include involving himself in politics of the organization, having positive interpersonal relationships with staff and peers. He has business and administrative skills. He serves on various committees, and competently creates work schedules, financial charts, and budgets. Despite his man strengths he has several weaknesses. He feels forced to do more with less, and feels the heavy burden of increased workload and unequal and insufficient compensation. There are many constraints imposed by the agency that prevent him from using the team approach he would like. He feels many of the meetings he must attend are unnecessary, and this contributes to a strong sense of frustration, resentment, and inner conflict. Due to his opinion about wasted time in meetings, I observed several instances in which he did not pay attention and did not adequately represent the best interests of his unit.