Clinical Log: Week 1

For my first week of precepting I cared for two patients. One patient came from a nursing home with a fever and after taking blood work and seeing high WBC and her temperature, which showed a fever, she was diagnosed with an infection. Unfortunately this patient had skin breakdown near the sacral and buttox area so her catheter could not be removed. I assisted with getting a culture and sensitivity test, hung her IV medications, implemented skin protecting measures like turning and positioning every two hours and using heel booties, pillows, and skin protectant cream, and performed a physical assessment in which I found an irregular heart beat due to A-fib. I also gave a Lovenox injection, a Tylenol suppository to help her fever, and monitored her WBC’s.

The second patient came in with failure to thrive and dehydration. At first, this patient was refusing care because she wanted to go home. She wouldn’t allow anyone to put an IV line in or even assess her, which created an ethical dilemma for me because I knew she needed the care, but at the same time I could not force her to stay. Luckily, after her family came, she was persuaded into staying and receiving the care she needs. I did a physical assessment, hung her multivitamin IV bag, and implemented strategies to help reduce her fever, like giving her PO Tylenol and putting cold compresses on her head. I also assisted with getting a urine culture via an intermittent catheter because the original urine culture was contaminated.

I was also able to assist Lisa, a new RN, in getting a blood culture from another patient’s PICC line. Before this was done, we looked up the hospital’s protocol on how this procedure should be done and followed their guidelines. Flushing the line with a 10mL syringe before and after to ensure patency as well as flushing it with a pulsating technique to ensure that the line doesn’t break were included in protocol and therefore implemented in the procedure.

I was also able to observe the interactions between the health care team and for the most part everyone communicated and worked well with each other. I did see a few instances where the physicians were difficult to get in touch with which unfortunately prevents the nurse from giving all the necessary care to their patients. For example, one of my patients did not have an order for Tylenol and had to wait over an hour for the physician to call us back. Overall, everyone has a different role in the team and I noticed how everyone knew exactly what their role and responsibilities were, but no one was unwilling to go beyond their expectations to help one another.

My goals for this week were:

1. Communicate effectively with preceptor, clinical practice educators, clients, families, and community
2. Administer and evaluate measures to safely administer medications, nursing procedures and care congruent with agency and professional standards
3. Use standards of care appropriate to selected groups of clients

Good communication is key in health care and throughout each clinical experience I have communicated with nurses, nursing aids, doctors, patients, families, clerks, etc. When taking care of my patients today I received report from my nurse and in return gave her periodic reports about the patients I was assigned to. I also spoke with both my clinical faculty member and my nurse about what I wanted to accomplish as well as what I felt were my weak points I also ask if I could participate in things that I thought would be beneficial to me, like assisting with the blood and urine culture. I also communicated with the patient and their family members throughout the day by updating them on the patient’s status and plan of care, along with explaining each procedure and what I am doing and why. I educated one of my patient’s family members about ways to help prevent skin breakdown, like using pillows for support and trying to increase protein intake.

Before getting the blood culture, the new-grad nurse and I looked up the hospital’s protocol to ensure we were doing it right. I also administered medications according to the agency’s policy and followed standards of care regarding skin breakdown, fall prevention, infection control, and safety.

No matter what care I am giving, and no matter who the patient, I will always be using standards of care. There are basic standards of care, like adequate nutrition and pain relief, but there are also standards of care that are specific to certain groups of patients. For example, when caring for patients at risk for skin breakdown, I would consider turning and positioning, using pillows for support, and applying skin protecting ointment as standards of care, which I implemented on my first patient.

Overall I was very pleased with how my first day went. I was exposed to some new things and I look forward to continue learning and gaining all the experience I possibly can during this rotation.