Nursing 4233
Post Clinical Assignment
Shift #1

Assigned unit:__Womens___ Preceptor:_____ Day or Night Shift:__Day___

Please answer the following questions. See the grading rubric in the associated Dropbox in Brightspace to see how this assignment will be graded.

Policy and Procedures of Assigned Agency and Unit

1. List all the codes (ex. Code blue, rapid response, etc) that are used at your facility and describe what each one mean? What is the staff nurses' role in each of these codes?
Blue- cardiac arrest: call code, begin chest compressions and wait for assistance
Trauma- only in ER, get patient back as soon as possible and wait for assistance
Orange- rapid response: call rapid response team, and not code blue team
Green- volume alert: wait for instruction
Stroke alert: provide medical assistance as soon as possible
Mr. Strong- combative patient: unless you are the Mr.Strong team, call code and wait for assistance, don't handle on own
Silver- active shooter: remain calm, keep badge on, protect self and patients, remain in place
Black- bomb threat: remain calm, stay on phone, try to keep person on phone
Inclement weather: wait for instruction
Pink- infant abduction: go to assigned location or nearest locations and guard it. Do not let anyone enter or exit.
Yellow- disaster. Wait for instruction

2. Where is the policy and procedure manual found on your unit? Look up one procedure that you did today and **summarize** the steps of that procedure. (Do not copy the procedure word-for-word).
It is found in the cabinet at the nurse's station. I observed a car seat test on a newborn that was having problems with temperature regulation and was less than 37 weeks. The procedure is 90-120 minutes of observation assessment done in the parent's car seat and is performed if the newborn is <37 weeks, <2500g, or hypotonic. If there were to be any of the three following events that would be considered a fail, apnea for >20 seconds, bradycardia bpm <80, and/or a pulse ox of <88%. If failure occurs the first step is notify PT or OT to have them evaluate the car seat and baby positioning, remove existing head support, and if needed add a blanket roll to reduce slouching. Advise parents when traveling in car for >120 minutes to remove baby out of car seat for short periods of time while car is parked.

3. What is the typical nurse-to-patient ratio on your unit? Do you feel this is a safe patient ratio? Why or why not? (Provide literature to back your thoughts.Your reference must be cited and listed as a reference in correct APA format).
The typical nurse-to-patient ratio is 1:4 (2 couplets) with a max of 1:6 (3 couplets). I feel that this is a safe patient ratio because although it is 4-6 patients, it is only 2-3 rooms that you are going into at a time, so it makes it easier. When I am checking on mom, I am also checking on baby

and vice versa. I feel like couplet care, makes it even safer for the babies because the families are consistently watching the babies themselves. According to research done by Vanderbilt University, couplet care allows for "continuity of care, better communication, improved patient education, and decreased duplication of work" (Dedman et al., 2019). I feel the only disadvantage to this is if one of your patients has a post-partum hemorrhage, you are going to be spending majority of time in one patients room, neglecting 2-4 other patients and their babies.

Dedman, J., Abbu, S., & Crankshaw, M. (2019, April 15). *Implementing Couplet Care - VUMC*. VUMC. Retrieved February 12, 2023, from https://www.vumc.org/nursingebp/sites/default/files/public_files/Implementing%20Couplet%20Care.pdf

4. Does your assigned unit have a charge nurse? What is the role of the charge nurse on your unit? Does the charge nurse take a patient assignment?
Yes, my preceptor is the charge nurse for my unit. There is only two charge nurses so when they are not working, the next person who wants to charge for the day does. Her role is to make patient assignments for the nurse. Yes, she takes patient assignments.

5. What is the process for medication administration? What safeguards are put in place to ensure that medication errors don't occur?
We went to the omni cell, selected the patients name, then withdrew the medication. Once we got the medication, we scanned the patient band, and checked the medication again while looking at the patient chart. The safeguards were through the Omnicell and on the computer Med admin, if we had drawn the wrong medication it would have gave an error notification or if we had a wrong patient it would also have an error notification.

6. Describe the process that the nurse must follow if a medication error is taken.
They have to fill out an ESRM report if there is a medication error.

Reflective Questions

7. Think back on your day. What did you learn today that you did not already know? What did you learn today that helped reinforce something you've learned in class? What did you learn today that changed the way you previously thought about something?
Something that I did not know prior was about the different types of ways to perform a circumcision. Newborn assessment was something that I had previously learned, but today really solidified my in class learning experience with hands on. I think I would definitely recommend certain circumcision over other ones after my experience today. The circumcision I watched today were sent home with a string tied around the penis, and the foreskin falls off after it dies. For new parents I feel like this could be a very scary experience. I also learned that babies can sometimes lose their suck reflex which I had not known in the past.

8. The Institute of Medicine (2018) defines patient-centered care as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions." Give an example of patient-centered care that was provided during your shift. Give an example of when patient-centered care was not

provided. What can you do differently on your next shift to guide you in providing patient-centered care with each patient encounter?
Patient-centered care was provided when we had a mom that was in a lot of pain, so we made sure we were on top of her PRN pain medications. She also really enjoyed the “Mom-tails”, which is just cranberry juice and sprite, so every time we brought in her medications, we were sure to bring in one with them. I truly did not feel like I witnessed anything that was not patient centered care. The closest I feel that could be when we took the baby when mom was unable to feed her, so she asked us to try. I felt that could maybe be enabling parents learning, however we also were unable to feed the baby, because it had lost its suck reflex. I feel that I can pay more attention to my patients’ likes and needs, so she does not even have to go on the call light and ask for more things. I am just prepared and already am providing her with what she likes.

9. Did your preceptor facilitate your learning needs?
My preceptor was amazing! She took the time with me each patient to go over assessment tools and teaching. She was quick to answer questions and always included me in everything she was doing.

10. Share the challenges you faced this shift.
I think the biggest challenge I faced this shift was learning discharge patient teaching. Also, we had a baby that was not eating or sucking so it was a challenge to explain to the parents why it could be happening and communicate what the doctor was telling us.

11. Celebrate by sharing the victories you achieved this shift.
I took a foley catheter, helped a patient out of the bed for the first time, and did a couple of solo baby vitals and assessments. Overall, I had a great day of communicating with my patients and learning more from my preceptor.