

# Stetho-scoop

presented by the Student Nurses Organization

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## SNO Mission

*Our mission is to assume responsibility for contributing to nursing education in order to provide for the highest quality health care; to provide programs representative of fundamental and current professional interest and concerns; and to aid in the development of the whole person, and her/his responsibility for the health care of people in all walks of life.*

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## Trauma, Excitement, and a Day for the Mental Filing Cabinet

There are some days you never forget, those moments that stick with you forever. It could be because of fear, excitement, or trauma. Anyway, you get the point. Those moments for most people are a wedding, a bar mitzvah (for my fellow Jews), or having a child. Mine is simple. It is the first day of medical-surgical clinical. I do not remember ever being as insecure, out of my comfort zone, nervous, and, above all, excited, in my twenty one years on this planet.

I first met S.H. in a similar situation to the one above. S.H. was scared, confused, and disoriented. Although she had trouble holding a conversation, she had kind, twinkling eyes, and a wonderful smile that could melt you, a nervous, scared nursing student, into a puddle on the hospital floor. Her body and mind had been weathered by 79 years of life, and probably not the easiest life at that.

S.H. was brought to the hospital following a bad motor vehicle accident. She had lumbar fractures, a sacral fracture, a left acetabular fracture, right inferior and superior pubic fractures, left ribs 9 and 10 fractures, and finally a left distal femur fracture.

When I asked her if she could tell me her location, she looked confused to the point of hysterical. She said, "I don't know. How did I get here? What am I supposed to do?" I looked down at her, put my hand gently on her shoulder and explained to her that she was in the hospital following a car accident. I told her that she did not have

to do anything. I told her that we were taking good care of her. "We want you to get better," I said. She still looked scared. She searched my face, and her eyes found mine. I saw them grow wide. She whispered, "How many years have I been here?" "Eleven days," I quietly replied.



*She searched my face, and her eyes found mine. I saw them grow wide. She whispered, "How many years have I been here?" "Eleven days," I quietly replied.*

Although S.H.'s mind was not always sharp, her smile was unwavering and sincere. I hope all the best for her and her family. At the age of 79, I am sure she saw and experienced many things. She may make a full recovery, or she may not. She may stay confused, or she may regain lucidity. She may agree with the late folk singer Warren Zevon when he sings, 'My rides here, my rides here.'

Amidst all of the uncertainty in this life, one aspect is clear; I will always remember my first day of medical-surgical clinical. It is up there in my brain for good. Burned into my hippocampus are the smells, the sounds, and the nervous excitement of that fateful day. That moment will forever be safe and locked away in my mental filing cabinet labeled, 'Bar mitzvahs, weddings, births, and most importantly med-surg clinical.'

*Paul Sheslow, Senior Nursing Student.*

## Freshman Year in Review

Entering into college is a life changing event and freshman year specifically is an experience unlike any other. It is a time in which undergraduates learn much about who they are as people and who they will be in the professional world. As freshman nursing majors at the University of Delaware we are challenged to rise to the high expectations set before us. We are thrust into a new environment and all the while are expected to move past our role as a high school student and into the role of nurse. Recently the Student Nurses Organization created a survey to gain more insight into varying aspects of this freshman year nursing experience. We sent this survey to the current 2015 freshman nursing class, who just completed their first semester, to get their perspective on this transition.



When asked what the hardest aspect of being a freshman nursing student, there were many similarities among each individual's answers. The majority answered that adjusting to the college workload was difficult. Many came to the realization that in comparison to other majors, nursing had a heavier workload. Quite a few accredited this to taking multiple science courses simultaneously, specifically noting Biology 207 as a difficult course. Several students responded that the pressure of planning and worrying over the seemingly daunting curriculum was a new stress for them.

The students had many positive remarks when prompted about their favorite part of their freshman year. Almost all the students responded meeting and making new friends as well as having new opportunities and experiences. Several said they enjoyed their newly found independence. Many of the students also said that they appreciated that even as freshman they had nursing classes right away.

When questioned whether or not the workload was what the students expected it to be there were inconsistent opinions. While many of the students said yes, it was what they were expecting, some responded that the amount of work exceeded their expectations. Many of those who responded yes also stated that they correctly predicted a heavy, time-consuming workload. One student said "I expected a lot of work but it is like a never-ending workload. I wasn't expecting that." A few replied that there was less "actual" work and more studying required than anticipated.

The freshman discussed several new ways in which they dealt with stress now that they are in college. The most popular of activities included napping, relaxing with friends, listening to music, talking to their family, exercising, and taking frequent study breaks. Some responded that they began to make lists of what needs to be done to control their stress. A few students responded that they just push through the stress with their own determination.

When asked how they felt about having their own stethoscopes and blood pressure cuffs and wearing their scrubs for the first time there was a cohesive response. Most described feelings of enjoyment, excitement, and pride. Many said that it made them feel a great deal closer to becoming a nurse. Some replied that obtaining their equipment and wearing scrubs made them feel a part of the nursing community, a feeling that they had not sensed before.

Finally, freshman year is often seen as a time of freedom as well as a test of determination and accountability for all college students. As nursing undergraduates, freshman year provides the realization of the hard work this major and career path not only calls for but inevitably necessitates. However, this first year, through learning to take vital signs or SNO trips to A. I. Dupont, also begins to illuminate the fulfillment and sense of success that only being a nursing student can provide.

*Stephanie Everitt, Sophomore Nursing Student and Assistant Editor of the Stetho-scoop.*

## Making a Difference

During the 2011 winter session, I spent my break, along with my friend Casey Artigliere, in rural Ghana. In place of a study abroad program through school or working at home, we decided to travel to a third-world country to gain nursing experience and give back to the world in a relatively inexpensive way. We started by spending some time searching the web. After much research, we decided that our destination would be Ghana, which is considered to be the 'safest country in Africa to travel as a single woman.' Then, we found an organization called the Harthaven Children's Home ([www.harthaven.org](http://www.harthaven.org)), which would be our home for the winter.

The minute I stepped onto the plane, I knew I was in for an eye-opening experience. We resided in a village four hours north of the capital city, Accra, with a family just down the road from the Children's Home and the hospital. The family was very welcoming and consisted of the father, who was the head of the household, his junior wife, and children from both marriages. (Although rarely seen in the United States, it is very common for men in Ghana to have multiple wives in different villages simultaneously.)

Our mornings started off by going to the hospital. I worked in Labor and Delivery while Casey worked in Pediatrics. The five maternity ward rooms held six to eight patients each. Some women were in labor, some were going through high-risk pregnancy, and others were resting with their child after their delivery. First thing in the morning, we completed rounds by giving each patient a quick assessment by asking simple questions like "How do you feel?" After rounds, I helped with deliveries, newborn assessments, medication administration and postpartum assessments. Before lunch, I scrubbed in for cesarean deliveries because we were called to help whenever they were short of hands. Most Americans would be shocked to see the lack of resources, cleanliness, privacy, and time the patients received. But this is why we were there. To give them a simple smile or to offer company since visitors were not allowed in the hospital. The Labor and Delivery unit was not the only place I worked- other opportunities involved helping out with the ER, EMT, HIV clinic, med-surge floor, and basically anything else you could imagine.



In the afternoon we spent our time at the children's home teaching the kids how to read, teaching math, cooking dinner, playing with the kids and helping to bathe them. Some of the children were HIV positive and required extra caution when it came to care. For example, a three year old with HIV who falls and scrapes their knee can unknowingly put the other children in great danger.

This experience has changed my life forever, and I cannot wait until I find an opportunity to go back. I know in my heart that Casey and I made an impact on the lives of the children and of the patients in the hospital. To this day, my family and I sponsor two of the children in Ghana. Casey has even sent one of the children to high school. If you have any more questions about our trip or how to plan one of your own please feel free to contact me at [ltj@udel.edu](mailto:ltj@udel.edu).

*Leigh Johnson, Senior Nursing Major*

## Post-Operative Trauma in the PICU

J.R. was transferred from the operating room to the Pediatric Intensive Care Unit after surgery following a brutal stabbing that left him with large lacerations to his aorta, heart, esophagus and stomach. His injuries were so severe that the trauma surgeons had to leave his chest and abdomen open post-operatively. Given the high acuity of this patient, we called in multiple nurses for overtime and dedicated five nurses to take care of the various complexities in his care. When J.R. arrived in the PICU, he was intubated and on Dopamine, Epinephrine and Levophed drips to keep his blood pressure up. He had five thoracostomy tubes and an abdominal drain in place, all which were draining frank red blood at an alarmingly fast rate.

Immediately we formed a plan to assign nurses to take charge of various roles and to keep things coordinated. Because J.R. was losing blood so fast through his chest tubes, two nurses were assigned to check blood products and transfusing them. We used a rapid transfuser to quickly deliver units of packed red blood cells but unfortunately, he was losing blood quicker than it could be replaced. Secondary to the packed red blood cells, he was transfused with multiple units of platelet concentrate and fresh frozen plasma to help him clot and slow the hemorrhaging. Subsequently, a nurse was assigned just to changing the chest tube drainage systems, as they were filling up with two liters of blood each every few minutes. Another nurse was responsible for recording J.R.'s vital signs, fluid and medication intake, urine and blood output, and a log of events. A fifth nurse was responsible for administering medications, fluid boluses, placing additional IV lines and other aspects of direct patient care. To keep the patient comfortable through all of this, he was started on a Fentanyl drip for sedation and a Vecuronium drip for continuous pharmacological paralysis.

Additional nurses would come in and out getting supplies and getting whatever else was needed inside the room. All patients are assigned a primary nurse, whose role in this case was ongoing assessment, which meant frequent neurological

exams (checking pupils), making sure the patient is being adequately ventilated, titrating the patient's blood pressure drips (his blood pressure was very unstable), monitoring his extremity perfusion, frequent checks of his IVs, central venous lines and arterial line, assessing the chest tube and abdominal drain sites, ensuring that his foley catheter was patent and draining urine and to keep the medical team informed of everything going on.

At the end of the shift (730 am), the room looked like a battlefield. There was blood smeared all over the floor, bags and bags of emptied blood products and fluids, suction canisters, Pleurevacs and medications overflowing the garbage cans. However, after nine hours of massive fluid resuscitation (which included over 200 blood products and liters upon liters of fluid), and a collective effort of doctors, nurses and ancillary staff, the patient was stabilized.

Unfortunately, the next day, J.R. suffered a brain stem herniation which was due to the lack of oxygen and blood flow from the blood loss and cardiac arrest in the immediate period following the stabbing. Ventilator support was withdrawn after declaration of brain death.

I learned a lot being involved in this patient's care. When so many care providers are involved with one patient, communication is an essential skill because a lot of what's happening can be lost in the chaos. Don't ever assume that others "just know." It's better to restate the obvious to someone rather than for everyone miss something obvious because it was overlooked. With that being said, we all worked like a well-oiled machine. Everyone knew what they had to do to save this patient, and we fought hard to do so.

*Josh Matlin CCRN, Pediatric Critical Care Nurse, Graduated May 2007*



## Psychiatric Nursing and the Life of a Traumatized Child/Adolescent

Working as a trauma psychiatric nurse for children and adolescents at the Virginia Treatment Center for Children is both interesting and extremely challenging. Over the past 18 months, I have

worked with many traumatized children and adolescents. A few admissions that have permanently engraved a place in my heart include:

A five year old Caucasian boy was admitted into the facility after being found tied up to a bed post. The little boy was sweet and playful however at times struggled with impulse control, rages of violence, and profound language. Through an extensive assessment and history, it was found that this child had been sexual molested by his father for two years. Creating a calm milieu and safe environment for this child was critical; however, even within this safe environment, explosive episodes could not always be prevented. One evening during nursery rhymes, we began singing "Twinkle, Twinkle", and upon hearing this song, the boy took off his clothes and got into a compromising position. In the attempt to remain calm, neutral, and therapeutically sound, the staff wanted to reach out to this little boy, hug him and reassure him that he would never be sexually abused by his father again; in reality, however, we had to help him work through this moment and provide him with the coping strategies and medication he needed.

*(continued on page 4)*

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## NCLEX Corner

By Dr. Judith W. Herrman, PhD, RN,  
Associate Professor School of Nursing

Setting priorities among and between clients is an important skill in nursing and on NCLEX-RN. The following questions will test your skills in these areas:

1. A nurse is caring for a patient who is receive osmitrol (Mannitol). Which of the following outcomes indicates a positive effect of this medication?
  - a. A decrease in intraocular pressure
  - b. A decrease in urine specific gravity
  - c. Oliguria
  - d. An increase in intracranial pressure
2. A client who had an open reduction of the tibia reports increased pain, swelling, and numbness in the affected leg. What action will the nurse take first?
  - a. Administer pain medication.
  - b. Call the surgeon immediately.
  - c. Elevate the affected leg.
  - d. Perform a neurovascular assessment.
3. A RN is assisting a (UAP) prioritize patient care. Which of the following should the RN tell the UAP check first?
  - a. A 78 year old female patient with congestive heart failure scheduled for discharge
  - b. A 56 year old man with recently diagnosed type II diabetes on oral diabetic medications
  - c. A 66 year old female admitted the evening before with acute abdominal pain who also has moderate dementia
  - d. A 44 year old female admitted the night before who is receiving IV antibiotics for a lower leg infection following a car accident
4. A client on risperidone (Risperdol) is at increased risk for injury due to increased risk for:
  - a. Aspiration due to sedation
  - b. Falls due to orthostatic hypotension
  - c. Infection due to thrombocytopenia
  - d. Suicide due to alterations in thought processes

Answers: 1(A)2(D)3(C)4(B)

A seventeen-year-old male was admitted after trying to overdose on narcotics, sedatives, and phenergan. Up until age six, he was sexually abused by all of the males in his family. In addition, at age twelve, he tried to save his cousin from drowning, but was unfortunately unable to keep him afloat and watched him die. Furthermore, throughout his life, he had bounced in and out of twenty-nine different foster families. These experiences left him with an attachment disorder, an inability to grieve, and ultimately left him hopeless and suicidal.

A 14-year-old female walked into the facility with journals full of suicidal notes. Her older sister sexually abused her while forcing her to watch her uncle perform sexual behaviors. This innocent girl suffers now from PTSD, anorexia, and depression.

Working as a trauma psychiatric nurse for children and adolescents comes with an immense amount of responsibility and medical awareness. Understanding the anatomical structure of a child's mind, effects and interactions of medications, and the foundation of disorders and illnesses caused by trauma is essential to providing safe care. The primary goal is to provide a therapeutic milieu and safety for each child. Verbal de-escalation techniques, collaborative problem solving with the medical team, and cognitive behavior therapy are strategies used daily. Engaging in arts and crafts, recreational activities, dancing, and singing are just a few examples of how nurses create normalcy and foster child play with the patients. Saving a child's life and providing a healthier future, absent of trauma, are the two driving forces behind psychiatric nursing.

*Samantha Shawn, BSN RN*

*Graduated from UD in May 2010. Currently working at the Virginia Treatment Center for Children in Richmond, VA and attends UVA Nursing Practitioner and Clinical Nurse Specialist Program in Psychiatry with a Post-Doctorate Degree.*

## Looking for Submissions!

Submit letters to the editor, questions, stories and digital photos for Stetho-scoop via email to Sarah McCabe, Editor, at [sarahmc@udel.edu](mailto:sarahmc@udel.edu)

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