

Clinical Exemplar By Olivia Gagne

Before my preceptorship in the Neurocritical Intensive Care Unit, I used to stereotype a brain bleed occurring in only older individuals. That was until I had a very young patient in the Neuro ICU who was getting treatment for a hemorrhagic stroke. I remember hearing briefly that she had been in the Neuro ICU for a few months but did not know her full story until I cared for her in the three busiest, most intense shifts of my preceptorship. I quickly saw how delicate and critical a young patient who had a stroke can be. Something I did not know before is the difference in recovery between an older adult who has had a stroke and a younger patient. An older adult's brain atrophies over time, allowing for more available space for any swelling to take place. This makes for a faster recovery because there is more room for the tissue to swell and heal without putting too much pressure on the brain. In a younger patient, their brain is still growing and therefore there is less room for swelling to take place. This creates a longer recovery time for these young patients

It was on my first day with her that she exhibited changes in her neuro status from her baseline documented from the shift before. We noticed she was less responsive and promptly took action. We quickly communicated her changes with the care team and brought her to an emergency Computerized Tomography scan. It was found that her bleed had worsened, so she quickly went into surgery. Although she had already been through many surgeries, this one adjusted the drains from her brain to properly drain blood from her ventricles to the outside of her body.

When she came back from surgery, she was very foggy, but stable. One thing to note is that she was intubated with an endotracheal tube connected to a ventilator to help her breathe. With this comes a lack of communication. Whether the patient is too hot, too cold, due to their

lack of ability to speak and weakness of their entire body, communication at times was difficult. This was a problem during her Percutaneous Endoscopic Gastrostomy tube placement.

It was towards the end of the first shift when the care team and parents agreed to place a PEG tube, which is a feeding tube placed through the abdominal wall into the stomach, to help her get the proper nutrients she needs to heal. The way this is placed involves using an endoscope, a camera inserted through the mouth and extended to the stomach to visualize the procedure, and an incision that is made from the skin to the stomach. The procedure was sudden and occurred in her hospital room, as opposed to the operating room. When the physician started to make a small incision, I looked at my patient and noticed her grimacing face. She showed she was in pain, but unfortunately was unable to speak up. As they continued for three more minutes, I held her hand, which was gripping tighter and tighter each minute. Her pain quickly seemed to worsen. At this point, I looked up at the physician and communicated with him that our patient was in pain and I believe she doesn't have enough pain medications. For a few moments he ignored me and continued with the procedure. A few moments later, her hand squeezed tighter, so hard that her fingernails began to dig into the palm of my hand. I then communicated with my preceptor that I recommend we have more pain medication for our patient who is in pain. They then agreed that she needed more pain management, and the physician delegated my nurse preceptor to get more medications. My patient's pain was finally heard through my voice and through effective communication. In this moment, her grimacing face soon became relaxed and her grip decreased. Although I felt like crying for how much pain she was in, I felt relieved that my voice had helped advocate for my patient and helped to create a less traumatic experience for her.

I remember leaving this shift crying in my car. I drove home in silence thinking about how much pain she must have experienced. Although I felt like I made a difference, it hurt me to see my patient in so much pain, yet not being able to speak up about it. For this reason, despite my tears, I felt as though I had made a small difference in her experience. In these scenarios, I need to remember to take care of myself. It is important to learn and grow from my experiences, while also letting go of hard situations that may be weighing me down and instead moving forward. Related to this, I write down my stories in a journal. Once the journal cover is closed, I remind myself it is okay to let the situation go and to free my mind from any guilt or question of what I could have done better. Self-care and coping with things that happen at my work is something I'm working on and will continue to build on in my future.

Despite our hectic stressful first day, our next day with this patient was beautiful and I believe it solidifies how special nursing can truly be even on the hardest days. It began during our hourly assessments, I talked and explained to my patient what we were doing and why we were doing such procedures. Although we did not know if she could fully understand us, I can only imagine how scared she was to not be able to communicate or move her body. When physical therapy came in, a beautiful moment was made. We were able to sit her up in bed, one person supporting her back while the other was holding her in the front. At that moment in time, you could see enlightenment and brightness in her eyes as she looked at the view of the city from her hospital window. I could tell she was present and in the moment, and at that time I knew she was there. At this moment we asked her to raise her arm up and squeeze the rubber toy that was in her hand and she did just that. I truly wanted to cry with joy and happiness. Up until this time, she had not been able to move or follow command besides putting a thumbs up for yes, and

thumbs down for now. Besides all of the procedures, surgeries, and treatment she had been through, this was a beautiful sign of recovery.

During the next hour, our care team was rounding on each patient while going over their diagnosis, any changes that happened throughout the day, and treatment goals for each individual. The entire care team was present, including doctors, nurses, physicians, pharmacy students, nutritionist's and more. This created a wonderful opportunity to share any ideas on how to proceed with their care, creating the most individualized care unique to their needs. Usually if their family members are helping to make decisions for the patient they are allowed to join the care team when rounds occur. Unfortunately, November of 2020, the coronavirus pandemic was in full fledge throughout the hospital, so visitors were restricted from visiting at the time. Due to this, we started offering a new way of communication through 'Zoom'. Before rounds, we connected the hospitals iPads to zoom and held their loved ones' video screen up to be a part of the meeting. This allowed for effective communication between the patients loved ones and the care team. Once the meeting was finished, I always offered the family members a chance to see their loved one in their Neuro ICU bed. As the parents talked to their daughter through the iPad, I could still see the light in their eyes on how grateful they were to see their daughter, even if it was just through a screen. It was a chance for them to not only feel closer to their daughter when they're miles apart, but also allowed me to update them on our plan for the rest of the day. This was a beautiful moment while connecting families back to their loved ones, even during a pandemic.

The few shifts with this patient were stressful and critical. There were times where I wanted to cry because our patient seemed in pain. She was so young, most likely scared, and stressed. But it was the small moments of hope that made these shifts amazing. Her small

achievements were really big accomplishments in the world of Neuro ICU. To see her gaze at the city with what seemed to be happiness in her eyes warmed my heart. Every small change was a step in the right direction, making these critical stressful shifts purposeful. This experience was stressful, beautiful, heartbreaking, and magical all at the same time. Our patient went through many ups and downs during these three days. I realize it is so important to hold onto the small moments of peace and happiness throughout these shifts.

Not every day is going to be easy, nursing is constant change, fluctuation, and stress. But during these shifts, it is important to focus on the positives during hard situations. It is so special to be a part of helping people during their most vulnerable experiences and know that we are making a difference one day at a time. This experience has made me realize how amazing it is to be a part of the recovery of individuals, focusing on their small everyday improvements to a brighter future. I am humbled to be a part of such an amazing, beautiful, heart stopping, crazy, magical experience of being a nurse.