



LIFELINE

NEWSLETTER



STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO



Editor's Piece:

Nursing is a Journey: Take it One Step at a Time

By Samantha Sherman, Media Director, Basic BSN'19

We are all in different parts of our program. Some of us have just begun, some of us are preparing to graduate and some are in the middle. I'm sure we were all shocked our first semester to see just how much we had learned; head to toe assessments, vitals, injections, Foley catheters, and more. As soon as we start nursing school we are immediately thrown right into the bull pin. LTC (long term care) starts before you know it and all the sudden your taking vitals, doing glucose checks and head to toe assessments like crazy! Who knew we could learn so fast and so hands on.

My journey as a nursing student is coming to an end faster than I realized and I find myself reflecting back more and more. I have realized what an amazing time I have had at the University of Central Florida College of Nursing. Here, I have found friends that will last a lifetime and made memories I will never forget. Learning IV's together, endless study dates, practicing accu-checks together, doing head to toe assessments on one another, and the bond that is clinical. Your clinical group is your lifeline for the semester and you will grow close as you learn together and rely on each other to get the job done. Everyone knows by now that nursing is a team effort, but I found that especially true when I was just beginning and felt like I had no clue what I was doing. However, by the end of the semester I was doing 20 accu-checks, my head to toe assessments, afternoon vitals and even med pass (with my instructor of course). It takes time to get comfortable with your floor or specialty, but before you realize it, you've got it down pat!



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December 2017



December 2018

Nursing school is a time in our lives that we will never forget. Our all-nighters, mental breakdowns, blood, sweat and tears will stay with us forever. This experience is what is going to prepare us for the workforce, so of course it is going to be hard occasionally, but we just have to take it one step at a time. I can't count how often I would tell myself that, "Just one step at a time", and now here I am about to start my last semester before graduation. It goes by so fast. I've learned more than I ever thought I could. My advice is to do everything in your power to make the most of these years.

I personally joined The Student Nurses Association my freshman year and decided to become a board member my senior year and it was the best decision I've ever made. I have made so many wonderful friends, attended convention, learned how to suture and listened to countless speakers on healthcare issues and opportunities. Next semester I will be going to Utah for convention and I can't wait to see what's in store! If you are thinking of running, do it! You won't regret it. It takes some effort, but you will have so much fun; I know I have.

I can't begin to explain how important nursing is to me. I truly fell in love with it at UCF. They showed me sides to nursing I couldn't even imagine. My instructors taught me not only to take care of my patients, but to take care of myself as well. They showed me how to do IV's, empty

ostomies, hang a IV medication, make a bed, give a shower, and so many skills that I didn't even realize were a part of nursing. A big part of nursing that I learned here is the mental aspect. We always think of the physical problems, but more often than not our patients will be affected in some way mentally by what they are experiencing. Grief, body disturbance issues, trauma, misconceptions, fear, mental disorders, anxiety and everything in between can effect our patients just as much as the physical. As nurses, we try to address the physical AND the mental issues. Sitting with a patient, silence, giving information, conversing, and comforting them are all ways in which we can support our patients. I have done many of these myself or with my nurse in clinical and I'm sure I will use them even more in practice. There are so many facets to nursing and not only are we taught them, but we get to practice them in clinical as well.

For those of you just starting out, make the most of every opportunity. Go to that seminar, get that certification, do HIM (Honors in the Major), get a job, join a club (I highly recommend SNA of course), see a surgery, hang out with your friends, go to a concert, travel, participate in Spirit Splash, make memories and become the best nurse you can be.

As the year comes to an end, we should all take some time to relax. We've earned it! Finals are tough and it has been a long semester. Take this winter break to recuperate, refocus and rejuvenate. We've all heard about burnout, and it's just as important for us as students and even faculty to unwind.

Happy Holidays! See you next year!



The Honor's in the Major Experience

By Jacob Kluesener, Basic BSN'19

You've probably heard before that nursing is an art and a science. The art of the personal and intimate interactions, and the science that informs our decision making and why we do what we do. The Honor's in the Major (HIM) program offers a unique opportunity as undergraduate students to encounter and participate in the science, and see a side of nursing you might not fully understand just working on the floor.

The HIM program is all about research and mentorship. You spend a full year learning about the scientific research process, developing and executing your research project, and then presenting, defending and publishing said research. If this sounds like a lot, then you'll be happy to know you get to do all of this under the mentorship of one of the faculty at the College of Nursing. They will show you the ropes and help you every step along the way.

For juniors or pre-nursing students that read this, I want to tell you personally why I believe you should take the time to do this. The HIM's experience gives you an opportunity to dive into a specific topic you're interested in and critically think about and directly interact with it. My research was on how immigration status and the health care experience of being undocumented. I was able to directly encounter and learn about the immigrant experience through research, and talking with them





personally as a part of my project. Throughout all of this, I was able to work alongside a professor who I was able to build a personal rapport with and get to know.

This also offers you distinct career opportunities. Research is an integral part of the work professors do behind the scenes, and this gives you a chance to experience it for yourself. I have personally fallen in love with research, and have set my sights on it for future career prospects. While I want to work in the field for some time so I can give of myself in the ways I want to, I've already been looking into BSN to PhD programs and have started preparing for graduate school now. The past 8 months have taught me so much about the nursing field I love, and about how I can contribute it in my own unique way.

Surviving My First Year as a Newbie Nurse

By Amanda Schultz, BSN, RN (Basic BSN C/O 2017), Children's Hospital of Philadelphia – ICU Flex Team

Nursing school is **very** difficult, no doubt, but I feel like nothing compared to the first year of working as a newbie nurse. I have faced many obstacles that I didn't think of while in school; however, I chose to learn from these experiences and take it in strides. Whether you land a position in your dream unit or have some difficulty securing your first job, the first year out for any nurse is challenging and overwhelming. Here are some key points for newbie nurses to remember when transitioning from student nurse to nurse.

1. Remember that school and NCLEX do not reflect the real world

Many new grads struggle with the sheltered environment of school and the hypothetical world of NCLEX when they are in their first job working with real patients. The ultimate goal of nursing school is to teach one how to pass NCLEX. A nurse's first year on the job teaches the individual how to become a nurse. The two realms massively collide with the first job after school. In a new environment, hand off reports may be conducted differently from the ways one was previously exposed to, some common procedures may be completed in an unfamiliar manner, and, when a patient is coding in a real-life setting, it isn't always "textbook" like NCLEX. Newbie nurses have to really work on



honing their time-management skills. Prioritization also serves a vital role in a nurse's first year on the job. Prioritization and time management go hand-in-hand; once one is mastered, the other will become easier and vice versa. Once you have worked for a year or so, things will start to click and the bright light bulb will eventually go off.

2. Respect your elders

We've all heard the phrase "nurses eat their young" when referring to the way some seasoned nurses communicate with newer nurses. Sometimes, there are personality conflicts between people, but most of the time seasoned nurses are just frustrated with the newer generation thinking they know more than they actually do directly out of school. As the saying goes, "You don't know what you don't know." Seasoned nurses on the unit have a wealth of information to share with you—just be willing to listen. Newer nurses should also understand that there are multiple ways to carry out nursing duties. Your preceptors may have a different way of doing certain asks. Not all nursing tasks are textbook like they were in school, and this may be a hard concept to grasp when just starting out. Be willing to understand why particular individuals carry out their nursing responsibilities the way they do. And if you don't like it, put your own spin on it later. Be open to others' opinions when you first start out—you may realize you have learned something you may not have known otherwise. Take it all as a learning experience.



3. Don't cause waves

No one cares that you had a 3.9 GPA in school or that you passed the NCLEX with 75 questions. All anyone—including colleagues, patients, and family

members—really cares about is how you can safely and effectively deliver care to patients. Remember, the first job is to learn how to become a real nurse. Another way to cause waves during the first year of nursing is to actively complain about your chosen profession. When a new grad comes into the unit and continuously vocalizes how much he or she hates bedside nursing and declares plans to be out of there in one year, this can cause a deep divide between you and other seasoned nurses on the unit. Newer nurses may feel isolated due to their inexperience, but it's imperative to ask for help from others when needed. Nursing involves teamwork. In addition, starting a new job and attempting to be a martyr by making fellow coworkers look bad only actually makes you look bad in the long run. One day, you will be on the other end and won't appreciate the lack of compassion. Everybody makes mistakes, and you don't want to be thrown under the bus because of one. Learn to speak to your colleagues when a problem arises; it could uncover a learning experience for both of you.

4. Continue Your Education

Just because you have finished nursing school and passed your boards doesn't mean your education should cease. The real education has actually just begun. Continuing education doesn't mean you immediately go back to school for an advanced degree; it means continuing to learn in your new role. As a new nurse, you should be constantly looking up medications, medical terms, and diagnoses that you don't know. It's uncomfortable being asked a question for which you don't know the answer. Not knowing the answers should bother you to the point that you want to seek additional knowledge. It's imperative that you continue to educate yourself in your chosen specialty—meaning that if you work in the ER, brush up on triage or work towards your trauma certification. Get your Basic Life Support and Advanced Cardiac Life Support certifications. Read nursing journals, re-read your nursing textbooks, and become involved in professional nursing

organizations—anything that will enhance your knowledge base. The education of a nurse never stops. In addition to learning job-specific skills, learn more about the roles of other health care professionals. Learn the role of a respiratory therapist, physical therapist, and radiation tech—these are all professionals you will work with on a daily basis. Education provides opportunities for you to grow not only as a nurse, but also as a person.



5. Find a Mentor

Many nurses, if not all, may feel they were not adequately prepared for the real world even after finishing school and passing the NCLEX. The type of treatment new nurses receive in their first year can negatively or positively affect their overall career trajectory. This leaves a new nurse either loving the profession and wanting to stay in for the long haul or loathing the profession and trying to leave altogether. Potential challenges one may face in nursing should be discussed and support should be given to newer nurses, both in school before they graduate and on the job. New nurses should not only be oriented to their new career, but also mentored by seasoned nurses. A mentor serves as an experienced and trusted adviser. Mentorship should be a part of orientation for all nurses new to the profession. The first year of nursing is tough, but manageable with the right mindset. Pace yourself, be thorough, be confident, and communicate.

You've got this!

You Are Worth More Than Your Tests Grades: An Open Letter to the Struggling Nursing Student

By Delaney Miklos, Basic BSN '19

Dear Stressed Nursing Student,

I often find myself living within the confines of nursing school. If you are anything like me, this consists of class, study, clinicals—repeat. Of course, it doesn't help that finals week is quickly creeping up on us. This means many of us will be pulling all-nighters and drinking coffee until the wee hours of the night. You become hyper focused on grades and test percentages and begin putting incredible amounts of pressure on yourself to get an A in each class. You have calculated your grade multiple times in Web-Courses to see what you need to get in order to pull out that nice and shiny A because this is the A that is *sure* to bump up your GPA and secure that spot in practicum that you've been highly anticipating.



When your grade comes back from the test that you've dedicated all week to studying for and is lower than you expected, you are probably quick to fall into a train of thought focused on self-guilt. *Maybe if I didn't go to the football game with my friends, I would've had more time to study... Maybe if I stayed up a little longer last night I would've been able to cram more information for the test...* This thought process becomes a slippery slope and only leads to more negative thinking. But let me tell you about an experience that I encountered the other day.

Reviews on the information that will be on the final have already started in some of our courses. At the end of class one day, an influx of different questions came from various areas of the room. My classmates were asking questions like:

“Are there going to be *medication calculations* on the test?”

“Do we have to know both the generic names *and* the trade name for meds on the test?”

“Are we going to need to know how to read an EKG for the final?”

Only to receive the answer, **“You may not need to know it for the final, but you will need to know it so you can save your patient’s life one day.”**

Wow. What a powerful statement.

Think about the meaning of that sentence for a second. I remember calling my parents up after class with a childlike excitement. In just one statement my passion for learning was reignited and all my time spent studying was validated.

The vast majority of information we learn in this short period of time in nursing school seems so overwhelming in the moment. Quite often, we get discouraged and ask ourselves “Why do we even have to write a Care Plan anyway? Isn’t that already in the computer?” or “I’m never going to work in Pediatrics, why do I need to know about Erikson’s Developmental stages?” As frustrating as it is to sit in front of our notes and textbook reading over the same paragraph until it sinks in, we are learning it all *for a reason*. The reality of it is, that nursing is everywhere. As a nurse, our scope doesn’t stop after we clock out. There are people in need everywhere we go and you never know when you’re going to need to recall the information you learned in school. Every time we step through the doors of the College of Nursing or the hospital, we are preparing our future selves to successfully care for patients—and most importantly *to save lives!* What an honor that is!

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When I get overwhelmed studying, I am motivated by the fact that I will be the RN one day that will pick up on an acute symptom that was overlooked by every physician and nurse before me. I will be the RN that is prepared because I did not choose to cram in as much information as I could the night before the exam. No. One day I will be the nurse that saves a life because I recognized an irregular rhythm on an EKG strip (the one that “wasn’t going to be on the test”). That day is today.

The reality of the situation is that we have the power to touch the lives of our patients here and now. Nursing students make the best set of fresh eyes on a unit. Trust me, you know more than you give yourself credit for! Some of the best nurses I have talked to were B students in nursing school but have the understanding and the compassion to be A+ nurses at the bedside. So, I encourage you to *celebrate* each grade you receive on a test because *you worked hard to earn that grade*. Do not get down on yourself for not doing as well as you anticipated on the test you busted your butt studying for, but take pride in the fact that you learned this information in great detail and will carry it with you throughout your career. Before I go, I ask you to join me in a pact.

I will not put my worth in my grades. I will not compare myself to my peers. Starting today, I will dedicate myself to my studies, not to get the highest grade in the class, but rather to learn and understand crucial skills and interventions that will save my patient’s life one day. This way, I will become the best nurse I can be.

Remember: “You are not studying for the test, you’re studying for the day you’re the only thing between your patient and the grave.”

Sincerely,

The student that has been in your shoes before



Do You Know the IV Status?

By Abbygail Lapinski, Treasurer, Basic BSN'19

Do you know their IV status? This seems simple enough. If you are providing care in the hospital setting, you will more in likely care for multiple patients receiving intravenous therapy (IV). Whether for fluid replacement, medication, nutrition, or blood products, having IV access is an integral part of your patient's care plan and health. However, as with many interventions, there are risks and complications.

This sediment range true during one of clinical experiences over the last semester. It was the beginning of the shift and I had just received bedside report. I walked in to introduce myself to the patient and began my assessment. In this case my patient's speech was difficult to understand so my assessment relied heavily on the objective findings. As I moved to assess their upper extremities, I noticed the right arm was swollen over 6 inches, the skin was tight and blanched, and the radial pulse was difficult to palpate. The left arm, and lower extremities were not edematous. Based on my assessment and lack of edema left arm, and lower extremities, the patient had grade 3 possible grade 4 infiltration from their IV infusion. I quickly notified the nurse and the infusion was discontinued. Fortunately, in this case, D5W was running instead of a vesicant drug. However, if the infusion was left to run, the patient would have been at risk for circulatory impairment, and increased edema; and extravasation from their scheduled 1000 antibiotic.

As nursing students, we have the opportunity to impact our patient's quality of care by assessing for IV complications and be proactive in preventing them. Here are some quick facts and tips to help ensure your patient's always have a patent IV.



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What is infiltration?

When an IV catheter is dislodged or a vein rupture, IV fluids leak into the subcutaneous tissue causing infiltration (Potter, Perry, Stockert, 2017). If the fluid is a vesicant meaning tissue damaging, this is referred to as extravasation (Pottery, Perry, Stockert, 2017). To know whether both either is occurring, follow the outlined symptoms and signs in the chart below during your assessments.

Grade	Clinical Criteria
0	No symptoms
1	Skin blanched Edema <2.54 cm (1 inch) in any direction Cool to touch With or without pain
2	Skin blanched Edema 2.54-15.2 cm (1-6 inches) in any direction Cool to touch With or without pain
3	Skin blanched, translucent Gross edema >15.2 cm (6 inches) in any direction Cool to touch Mild-moderate pain Possible numbness
4	Skin blanched, translucent Skin tight, leaking Skin discolored, bruised, swollen Gross edema >15.2 cm (6 inches) in any direction Deep pitting tissue edema Circulatory impairment Moderate-to-severe pain Infiltration of any amount of blood product, irritant, or vesicant

(Pottery, Perry, Stockert, 2017).

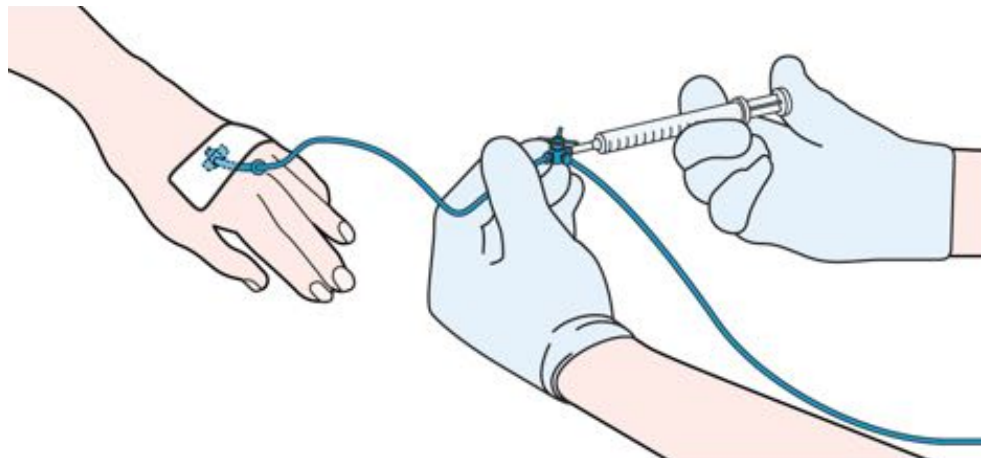
Quick Clinical Tips

- Check the chart to see if your patients have an IV in place and where, look at the MAR to see if any fluids are currently running and at what rate. Be sure to write both down on your patient forms.
- Always assess your patient's IV in the morning and ensure the correct fluid is running at the designated rate
- Ask your patients if they are experiencing any pain, numbness, or leaking at the site.
- Educate your patients on the signs and symptoms of IV infiltration
- Educate your patients on how to contact you if they begin feeling any of the above related symptoms (i.e. call bell). Never assume your patient knows how to use it. Educating multiple times will never hurt anyone!
- Continually check on the status of the IV and fluids, medications, etc. throughout your shift.
- Before you leave the room, ask yourself “Did I assess the IV site?”.
- If you suspect the infiltration, notify your nurse immediately.

This information should be a reminder for you all, but I think it is one of importance. Our education and assessment skills give us the unique opportunity to directly impact our patient's care. Ensuring your patient's IV site is patent and infiltration free is just one of the simple ways to ensure our patients are safe and healthy.

Resource:

Potter, P.A, Perry, A.G., and Stockert, P. (2017). *Fundamental of nursing*, ninth edition. St. Louis, Missouri: Elsevier.



Committee Positions

By Amber Grant, FNSA Region 3 Director

Hello everyone!

Congratulations on getting through the semester so far! The end is right around the corner everybody, hang in there! I know you all are busy so I'll do my best keep this short and sweet.

Are you interested in getting more involved with the FNSA? Thinking of potentially running for a position on the executive board in the future? Then I have exciting news! We are now accepting applications for committee positions! This is a great opportunity to gain experience with the FNSA and building your own skills as a future leader! For information on which committees you can choose from please visit the link posted below! After you've filled out your application please email it to the appropriate committee chairperson for review. You should receive a message of receipt regarding your application and you will be notified by the appropriate committee chair if chosen to serve!

Please feel free to share this with any fellow SNA members that you feel may be interested in this wonderful opportunity! Thank you as always for being so wonderful and for working so hard! Remember you are amazing!

Here's the link for information on committees. Simply click the three bars on the top right of the screen to see a menu and select "Committees". From there you can select whichever committee you'd like to get more information on. Applications are available in the descriptions for each committee: <https://www.fnsa.net>

Warm Wishes,
Amber Grant

FNSA Region 3 Director and Community Health Chair
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Utilizing Technology to Study

By Brittany Pappas, UCF Daytona Beach, Basic BSN '19

Friends and classmates sometimes ask me how I stay organized for school, or how I find time to study with my toddler at home. I tell them what I will tell you now: I use technology to help me! I never print PowerPoints or notes, nor do I handwrite notes. I know people say that writing things out can help you memorize them better, but I believe time spent writing them out could be spent studying the same content twice. Additionally, my handwriting is awful and takes longer than typing it out. So I use the PowerPoints provided by my instructors, and add to them as I see fit. I then save them to Dropbox or iCloud Drive. From this point, I can download them onto my phone any time I have internet, or I can download them onto my iPad at home and study them when I do not have any internet. This way, I can study anywhere! If you're a passenger in a car, you can study. If you're waiting at the doctor's office, you can study. If you're doing cardio at the gym, you can study. I hear a lot of students complain about not having time to study, and sometimes you just have to make it where you can study anywhere and at any time. With my method, I do not have to worry about lugging around 20+ pages of PowerPoints or notes, or worry about leaving these items at home (because who brings a backpack of study material to the doctor's office?). However, most people always have a cell phone on them, so why not use it to study?



Time for a Break

By Bryce Harrison, Legislative Director, Basic BSN'19



As I sit and study for the last final of the semester, I think about where I was one year ago. I was struggling to find the motivation to study on days, and sometimes didn't even want to get out of bed the next morning because of the stress I had. Was I good enough? Am I making the right decisions? Will I ever be a good enough nurse? All these thoughts raced through my head daily as I shifted through finals, but it was the words of some of our prized staff at the college of nursing that gave me comfort. "Grades does not a good nurse make", was the single phrase that lifted my fears and anxieties. I was so worried about a letter or number on a test, that I didn't see the work I was doing as a bedside nurse during my clinicals. Professors and clinical instructors would praise me during my times in clinicals, but I was so worried/frustrated about exams that I never focused on it.

So, what am I even talking about? To the Junior cohort, please relax. You are all incredibly intelligent (you had to be to get in this program), so please take time to listen to what your clinical instructors are saying and take pride in the accomplishments you achieve. Be there for your patients, understand why they are there, and listen. You will learn as much from your patients, as well as your instructors during your time at UCF (I know I have).

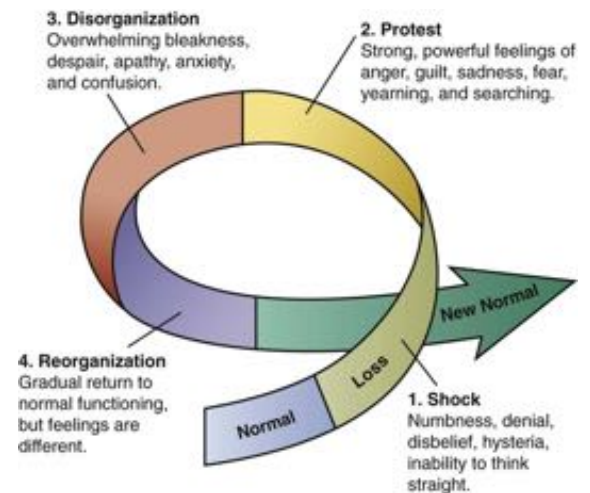
I wish you all the most wondrous holiday season, and a fresh start next year!



SPOTLIGHT DISEASE

Grief

- A complex, intense emotional experience
- We want our patients to express feelings
- Multifactorial
- **Kubler-Ross — Five Stages of Grief (DABDA)**
 1. Denial
 2. Anger
 3. Bargaining
 4. Depression
 5. Acceptance
- **Anticipatory grief**
 - Caregivers of patients with chronic illness often begin to grieve long before the actual death
 - Patients can also experience anticipatory grief at the end of their lives
- **Adaptive grief**
 - Grief that helps accept the reality of death
 - Healthy process
 - Revealed in positive memories and seeing some good from the death
- **Dysfunctional grief**
 - Prolonged grief disorder
 - Recurrent and severe distressing emotions
 - Intrusive thoughts about the loss
 - Self-neglect
 - Denial of the loss for >6 months



McLean Heitkemper, M. (2016, November 17). Palliative Care at End of Life. Retrieved from <https://nursekey.com/palliative-care-at-end-of-life/>

President's Corner

More than an Exam: How Clinical Taught me the Real Meaning of Nursing School

By Kimberley Lucas, President, Basic BSN'19

Congratulations, Knight Nurses, on another semester (a first for some!) completed and in the books. The end of the semester is always a bit tough for me, because while it becomes more and more bittersweet the closer I get to graduation, there is also something about the end of the semester during finals that makes you so excited for it to end. Let's be honest, finals week really has a way of making one lack all motivation, brain-fried from the amount of information in your head, and questioning all of the life decisions that led you to this moment. When I get to this point, whether during finals or before any big test, what I do to stay focused is remind myself of the big picture. The things we learn, even in the weeks leading up to winter break and Christmas time, is life-saving information. It was as I was studying for my Adult II final that I realized how much we truly learn in order to be prepared as skilled, competent, knowledgeable nurses by the time we graduate. I did not realize quite how true this was until an unforgettable clinical experience I had this semester.

Fair warning, this not a very uplifting story. In fact, it is very sad. But as we all know, that's how nursing is a lot of the time. It's not just about learning how to insert IV's and wearing cute scrubs, but about taking care of people who are really truly sick. Of course, there is nothing more rewarding than seeing the effect of your care making a patient get better. In order to have the good days however, you need the bad days to truly appreciate them. It's from these bad days that I find myself more motivated than ever to appreciate everything that I've learned in nursing school. This is an experience that I shared about at one of our SNA meetings, but had such an

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impact on me that I thought I would share it here as well.

My clinical group turned out to be a unique situation. While we were supposed to be on either a stepdown or PCU unit like everyone else during our Adult II rotation, it turned out that due to the falling out at our originally assigned location, we would be having clinical on a duo PCU and ICU floor instead. As someone who aspires to work in the ICU, I was very much so looking forward to this opportunity.

There was one day in particular where I was in the ICU and experienced an intensely complex situation. As it was still very early in the semester at the time, there was much about the situation that I didn't quite understand. It was not until I was studying for my Adult II final that I was able to put the pieces together. Maybe, throughout this piece, you'll be able to, as well.

When I arrived at the unit and found a patient to focus my care on, I found myself caring for a woman in her 30's. We had gotten there with our instructor a little after bedside report had started, so I didn't get much of what her situation was. Upon walking into her room to do our initial assessment, I could see she was jaundiced and visibly not feeling well. She was on room air and not intubated or on any pressors, like most ICU patients I've seen. Earlier that morning some nurses on the unit told me that would be a great patient to learn from, but after our quick initial assessment, I was surprised. Besides the jaundice, this wasn't the complex patient learning experience I was expecting, but I discovered later that I was very wrong.



Prior to coming into the hospital, my patient was experiencing what she thought was the flu. She was fatigued, had a severe headache, and a fever. Not knowing what else to do, she took Tylenol. Because her symptoms were still apparent and she was still miserable, she took more and more doses of Tylenol; it still was not working and she came to the hospital.

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Let's start making some connections. She is extremely jaundiced and had been taking high amounts of Tylenol for about a week. What do we know about the active ingredient in Tylenol and one of its most dangerous side effects? If you guessed liver failure due to acetaminophen toxicity, you'd be correct.

Sitting with my nurse as she began her charting, I started asking some questions. I could see in her labs that her white blood cell count was really high, so I asked my nurse if she knew what was going on. She told me that we were waiting on the results from her bone marrow biopsy because we suspected that she had leukemia. I knew from this point on that this was day was going to turn out different than I expected.

As the day went on and we continued to monitor her, I noticed that our patient started acting a little different than she did that morning. She was much more confused, and would sit up in her bed, gazing around the room in an odd manner. When you talked to her, she wouldn't answer questions but would just stare at you blankly. She would sit up in bed, moan, lay back down, and sit up again. She attempted to get out of bed multiple times. At this point my nurse and I wouldn't leave her out of our sight.

Looking back, these signs are pretty congruent with hepatic encephalopathy. At the time however, I didn't know what that was. My only guess was that she had increased cranial pressure. My nurse explained to me that she had hepatic encephalopathy due to her liver failure, and that was why she was acting that way. Knowing what I know now, I could tell you that she was demonstrating neurotoxicity because her liver was unable to convert the ammonia in her blood to urea. Ammonia is able to cross the blood brain barrier, and as it enters the nervous system directly it causes impaired mentation, slurred speech, confusion, and potentially a coma. When I was learning all of this in our Adult II class, my mind was blown. Witnessing this first-hand, to the point of textbook identicality, made the material inspiring to learn.

When the bone marrow biopsy results came back, it was unfortunately confirmed that my patient was diagnosed with Acute Myelogenous Leukemia (AML). This cancer is known to make people extremely sick, with a quick onset in which the patient may spiral very quickly. In many cases, someone diagnosed with AML can die in just a couple of weeks. In the case of my patient, these sad truths were no different. We went with her family into a private area where the physician was able to explain her diagnosis to her Aunt and her husband. Our nurse and I cried with them at the news, but her family immediately addressed the next step: “what can be done.” Unfortunately, due to the aggressiveness of AML and the fact that she is in liver failure, the options for chemotherapy became extremely limited. Chemo medications are broken down by the liver and can cause further liver damage, so full-force chemotherapy was not an option. What the physician ended up proposing was using 2 out of the 4 chemo drugs at half dose and see if her liver improved before going full force.

As I previously mentioned, this isn't a very uplifting clinical experience. It was a sad day, filled with unfortunate circumstances. My heart was sad for my patient and her family, and I did whatever I could to bring them comfort. When I left clinical that day, she had only become more and more confused. My nurse could barely leave her room because she kept trying to get out of bed. I felt awful having to leave without being able to help. The next week when we came back to our clinical group, I asked the charge nurse who was the same one from the week before if she knew what happened to her. Unfortunately, she ended up having increased intracranial pressure and had to go to neuro ICU because her brain had herniated. It was just a tragic situation that went from bad to worse, with more and more bad news.

From all of my clinical experiences and even working as a tech on the Cardiovascular ICU at ORMC, I had never seen a situation like this before. One where



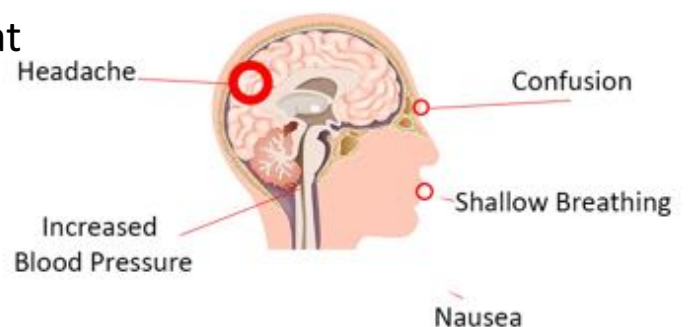


someone declined so rapidly that there was almost nothing that could be done. At times like these where I have particularly sad cases, this is where self-care for nurses comes in. I find it comforting to myself to learn as much as I can about the science of what is going on with my patient. How the leukemia caused these severe symptoms that she mistook as the flu, and the high doses of acetaminophen caused her liver to fail, which resulted in her increasing levels of ammonia leading to the neurotoxic manifestations of hepatic encephalopathy. I learn as much as I can, so that if I ever see it again, I am that much more knowledgeable and prepared as to what to do. And from this experience, I can honestly say there is nothing more motivating than that when it comes to studying. Anything that we learn in class we have the potential to see in our patients.

At the end of this semester as I was studying for our final exam, going over the content about liver failure, hepatic encephalopathy, increased cranial pressure, and brain herniation was almost like I was experiencing déjà vu. I could not believe how much of what I was covering in class I saw in just one patient. So the next time you have a huge test filled with dozens of chapters of content, tons of lab values, multiple different systems, and many different medications, interventions, and treatments (so...all of them), remember that the test and the grade is not the most important thing: it's our future patients.

Moyle, S. (2017, February 20). Increased Intracranial Pressure: A Guide For Nurses. Retrieved from <https://www.ausmed.com/articles/increased-intracranial-pressure/>

Increased ICP



Announcements & Upcoming Events!



Grades are finalized on
December 14th.

Classes resume on
January 7th, 2019.

Keep your eyes posted on
the social media
webpages for Spring 2019
SNA meeting dates and
events

Don't forget that you can
become a SNA member
anytime. Ask any officer
for an application to
email or hand in to us.

Final exam period is from
December 3rd to
December 8th.

Happy Holidays from all
the board members of
SNA!

**HAPPY
HOLIDAYS**

Contact Info for the 2018-2019 SNA Board!



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Top Point Earners

Basic BSN 2019: Delaney Miklos, Haley Edenfield,
Caitlin Cox.
Accelerated 2019: Alexis Hollingsworth, Kelsey
Tilton, Andrew Bedaure
Basic BSN 2020: Bryana Blanco, Jordyn Watson,
Natassja Debra, and Lindsey Greene.