LIFELINE NEWSLETTER

STUDENT NURSES' ASSOCIATION

AT UNIVERSITY OF CENTRAL FLORIDA

ORLANDO

Volume 10 – Issue #3 October 2018
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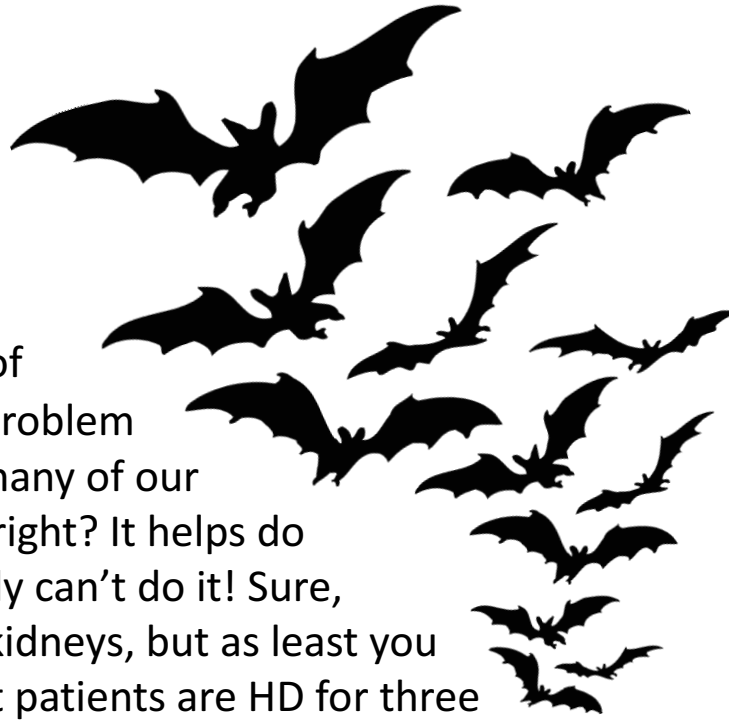
Student Nurses' Association – UCF Orlando

Editor's Piece:

Back to School

By Samantha Sherman, Media Director, Basic BSN'19



Since its October, I thought I'd share with you guys one of my "spooky" clinical experiences. So, for my Adult 2 clinical, I was put on Florida Hospitals Vascular floor, ICU and PCU. Obviously, everyone there has some sort of vascular problem; many have diabetes, HTN, loss of limbs, fistulas, and more. Another huge problem we see on our floor is kidney failure, so many of our patients are on Dialysis. Dialysis is great, right? It helps do the work for your kidneys when your body can't do it! Sure, it's less convenient than having working kidneys, but as least you can still filter everything out with it. Most patients are HD for three days a week, Monday, Wednesday, Friday/Saturday. While dialysis can be time consuming and hard to get to, it's necessary for most people and can keep them alive. However, in all the times we've talked about dialysis in class, I never really focused on or learned about adverse effects of HD. We did just touch over it in adult 2 last week, but that wasn't until after this clinical experience I am going to share.

So, it's Thursday morning. I meet with my nurse, get report on her patients and begin the day. I've worked with her before, so I'm looking forward to the day because I know she likes to help me get in some skills to practice. During report, she tells me that today is going to be crazy. She had three patients total, two of them needing a lot of attention. And when I say

they needed attention, I mean medically they had a lot going on and needed quite a bit of the nurse's time. So even though I really only had one patient, I was doing my best to help my nurse out as much as possible.

So, here's some information on my actual patient. He was pretty combative. He didn't really want care, and that kind of all makes sense when you find out that the reason he was brought in was because he missed his HD session which of course made him very sick. He coded the night before around 0500, and here I come in at 0630 ready to start my relaxed day over in the PCU. I quickly found out that wasn't happening. So, I introduce myself and he really just didn't care. He just kept yelling about wanting to leave, but his blood pressures and heart rate were all over the place on top of all his HD issues. Come to find out, it's more than just him missing dialysis and unstable vitals that are causing his to stay here. He has something called Calciphylaxis. Ever heard of it? I sure hadn't. Turns out that it's this super rare disease that can be caused by, you guessed it, dialysis. There is also a genetic component to the disease, but his vascular issues sure didn't help it. Calciphylaxis is when calcium accumulates in the blood vessels and its very painful. Basically, this guy's whole lower half was necrotic and rotting off.

Eventually we got a sitter for him because he needed to be watched 24/7. He was trying to stand and since he only had one leg and the other one was necrotic, that wasn't going to go very well. A few hours into the day, we notice that he's becoming more lethargic and he's not really yelling or refusing medications anymore. The nurse decides that she wants to stick with him for a while and she asks me to check on her other patients for her. No problem! That's what I'm here for. I mean who doesn't love playing nurse when they get a chance. After I finish with the

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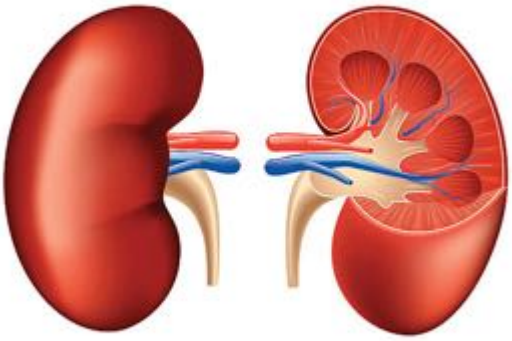
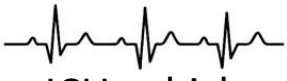


other two patients, I come back to 5 nurses and 4 of my other students in my room. The head of rapid is there and it looks like a zoo. I'm panicking at this point. I didn't hear a code or I would have come running. What's going on? What did I miss? Is my patient okay?

His blood pressure, heart rate and glucose just plummeted. He was unresponsive. They were trying to give dextrose, but the IV failed, so they went PO. They were trying to get his fluid up and get him responding again. At this point, I'm standing at the door ready to grab supplies for my nurse, easy enough. But then the doctors come and they're asking me all the questions! All the nurses are busy. Basically, I'm just internally screaming. "What's going on? Is the patient coding? I didn't hear one called? Are you working with him? This is patient X right?" And me, being a little baby nursing student, I have no idea what to say. I want to tell him everything I know, but I'm also not his nurse and I'm NOT a licensed professional. So, I start there by telling him who the nurse is and that I'm the student working with her and patient X. I tell him that the patient wasn't responding (which is what my nurse told me) and I made it clear that I was not there when the whole thing started and that I would get a nurse to update him. And that's exactly what I did. I told one of the nurses inside about the doctor and she came to my rescue. Honestly, I felt like there wasn't much I could do.



After he was stabilized, I helped transport him to the ICU, which was a whole nine rooms down the hall. They did neuro checks, labs, and vitals. My job was getting his personal effects, his chart and other supplies. Then my nurse asked me to check on her patients again since it had been a while.

While there wasn't much I could do for him as a nursing student, I could help my nurse and her other patients. When stuff like that happens,

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you have to be able to rely on the people around you and work together as a team. It took 4-5 nurses to assist just this one patient. There's no way my nurse could have handled this alone. Teamwork makes the dream work.

The whole situation was really scary though. Coming back and seeing your patient surrounded by nurses, lights in his face, medications "flying", vitals rapidly being taken, it can be shocking. And I wasn't really sure what I was supposed to do. However, I'm glad my nurse decided to stay with him because I'm not sure what would have happened if she wasn't there. But, I suppose that's our job as nurses, to notice the little things. To work with others and help out with tasks. No one can do this alone. Nursing is a team sport and scary things can happen all the time, but that's why you have your peers to help you out.

Risks/Complications of HD

- **Risk for bleeding**
- **Thrombosis/Stenosis**
- **Surgical de-clotting**
- **Infection**
- **Aneurysm formation**
- **Ischemia**
- **High output heart failure**
- **Dialysis disequilibrium syndrome**
- **Cerebral edema**
- **Hepatitis**
- **Hypotension**
- **Muscle cramps**

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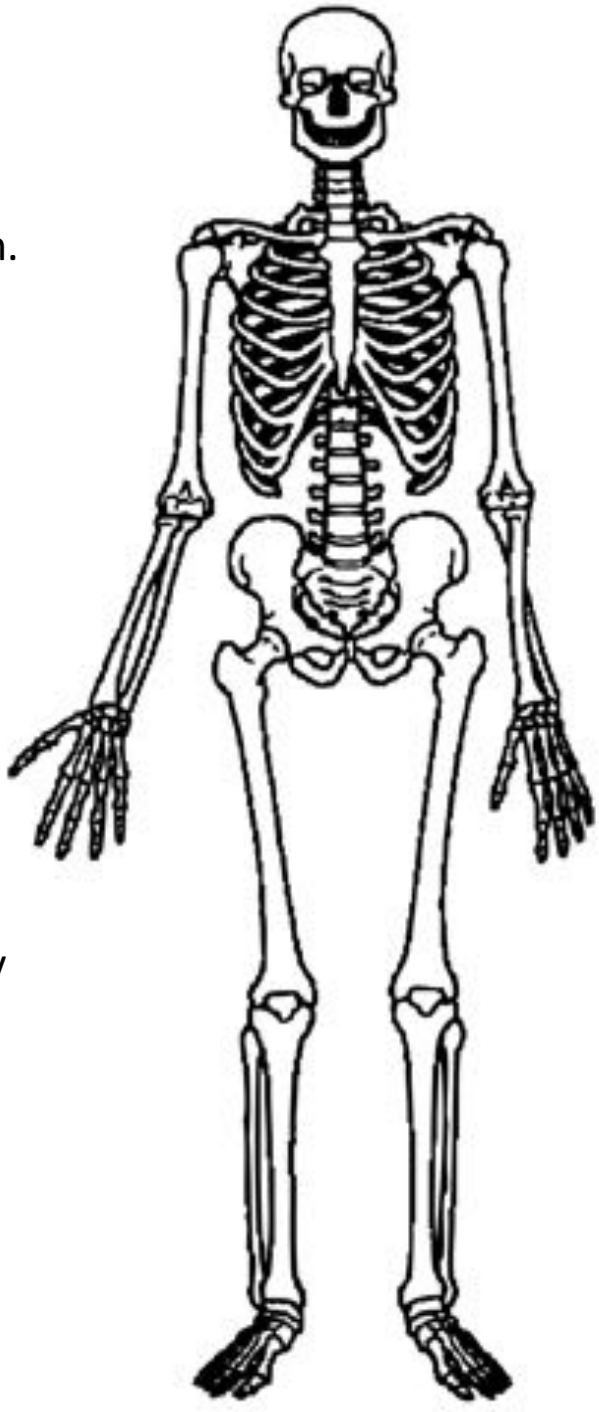
SIM Day

By Alexis Hollingsworth, Accelerated BSN'19

Simulation provides UCF nursing students with the opportunity to be completely in control of a patient care scenario where we would otherwise be pushed to the side or asked to leave the room. For me, it was hard to know what to expect during Sim Day. Would it be difficult? Is it really equivalent to a real-life experience? How would we be graded? I imagined a scenario similar to Essentials lab with the mannequins where we mastered skills we learned that week. I wasn't wrong, but our skills were put to the test in ways I did not expect.



The main skill needed for Sim Day is critical thinking. We already know how to hang fluids, draw up meds, put in catheters, and assess the patient. Now it is time to apply those skills with added stressors. Simulation teaches you how to work around the baby daddy's mom who is talking a mile a minute and calm down a child using the grandmother's seemingly ludicrous advice. It wasn't what I expected at all, but knowing your peers are the ones critiquing you is

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comforting. The discussions we had post simulation were very rewarding. We had a chance to discuss with our team what happened, what was done well, and how they would've handled it differently. It's amazing how much you can learn from the different perspectives and personalities of our classmates.

I can't give too much away because I want you all to be just as surprised as I was on my first Sim Day. Just relax and enjoy the chaos; there is no way to be fully prepared for simulation. But I suppose it's just like having a patient in the hospital with an illness you have never encountered or emotional family members who will aggressively fight for the ones they love. As nurses, we will be thrown into scenarios that make us uncomfortable and emotional. I personally wanted to kick the baby daddy's mom out of the room! But there were better ways to handle the situation, and that is what simulation is about. SIM helps us learn to cope with a high stress scenario while practicing in a safe environment. Stay calm and SIM on!

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Nursing is my Calling

By Trung Tran, UCF Daytona BSN'19

As nursing students, we have all been asked the question, "why?" Why do you want to be a nurse? I never really considered the true reason as to why I decided to pursue the profession of nursing, and this marks the first time I am writing down my thoughts on this matter. Growing up as first generation immigrant, I witnessed firsthand the enduring struggle my parents experienced to be able to carve out financial stability in hopes of providing opportunities for their children to have a better life than they did in the United States of America. My parents always emphasized the importance of goodwill; looking back, they were always generous with my siblings and me, even though we grew up poor. Education was the sole request that my parents had for each of my siblings. My dad would always say, translated to English, "I am working this hard so you can go to school and become successful, I do not want you working laborious jobs like your mother and me." These core values of generosity, compassion, kindness, and education, instilled in me the seeds to cultivate and pursue a field that was not only meaningful, but stable enough for me to be able to provide for my family and give back to my parents.

The disparities between human rights and socioeconomic status are more profound today than ever before. I take comfort in that idea that when I step on the floor as a nurse, I am able to do my part in bridging the gap of the burdens in society by providing my patients with unwavering holistic care and treating them equally and as if they were my family. I have direct impact on the person's healthcare experience and health outcomes, and that challenge is too great to pass up.

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Towards the end of my senior year in high school, my life changed forever. My dad was diagnosed with cancer, and 21 months later, his health declined and he passed away ten days before I started the BSN nursing program at UCF Daytona Beach. I had a very hard time dealing with his death, especially due to the circumstances surrounding it. He relentlessly supported me in all aspects of my life, especially with education. It was hard to fathom that he would not be able to see me graduate university, and that I wouldn't be able to do all of the things I wanted to for him. Throughout the whole process of his battle with cancer, and especially on his bed at the ICU, I longed to better understand his disease process and what occurred. I witnessed the excellent nursing care that my father received in his short stay at the ICU, they were empathetic, explained everything that they were doing, and were accommodating and respectful of all of our wishes. It was in these moments I truly realized this was what I wanted to do for the rest of my life. This whole process further validated my reason to become a nurse, and only cemented my foot in the field of healthcare. I am looking forward to the day in which I will be able to say, "I am a nurse."

Thank you for taking the time to read my submission. My name is Trung Tran, I am a third semester nursing student and also the SNA Senior Historian/Media Director at UCF Daytona Beach.

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Making a Difference

By Bryce Harrison, Legislative Director, Basic BSN'19

As a member of the LGBTQ+ community, I am celebrating the accomplishments made by those who have fought for the rights and privileges we have access today. Marcha P. Johnson, Harvey Milk, Bayard Rustine, and many more have been important in the developments of the rights that the LGBTQ community has today. So, what? Why am I talking about this? The disparities that this community faces in our society puts them at risk for several physical and mental health disparities. The LGBT community has unique health concerns and is at higher risk for mental health conditions, substance use, and suicide; these health disparities have been associated with social discrimination, ignorance, and assumptions made about gender, sex, and sexuality (Lee & Kanji, 2017). This barely scratches the surface. The LGBTQ community needs a thorough assessment by the healthcare team in order to prevent negative health outcomes. That is why I am presenting a resolution to the FNSA 2018 Convention because I believe implementing simple changes to the medical intake forms will provide a greater understanding of the needs of this population. If you are interested in knowing more, please feel free to give me an email!

Thank you for your time!

Lee, A., & Kanji, Z. (2017). Queering the health care system: Experiences of the lesbian, gay, bisexual, transgender community. Canadian Journal of Dental Hygiene, 51(2), 80-89.

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Interview with Jacqueline

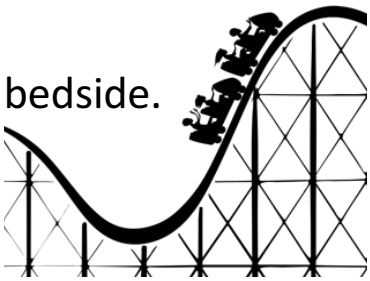
By Jacqueline Pajarillo, Basic BSN'20

What was it like starting your first semester?

The first semester is definitely a rollercoaster! I had to quickly re-adjust my life. It was overwhelming to read each syllabus and begin adding all the projects, assignments, clinical rotations, and exams into my planner. I have always been good at time management but I definitely had to perfect it during the first week of school.

What clinical are you most excited for?

I am most excited for any clinical that allows me to be at the bedside. In future semesters, I am excited to begin rotations at the big hospitals in town – Florida Hospital and Orlando Health.



What area do you want to work in/are interested in?

I am interested in becoming an ICU nurse. I have had the unfortunate experience of having a loved one in the ICU for many, many weeks. I give the biggest hurrah to the nurses who took care of them. The nurses are the reason why my loved one is still here with me – the compassion, care, and knowledge they had truly helped her get out of the hospital.

What's your favorite part of CNC?

My favorite part of CNC is being able to work with the community. I worked with different parts of the community that I normally wouldn't interact with. The best aspect of doing CNC rotations is being immersed with a broad spectrum of groups. I worked hands on with young, energetic six year olds at the Boys and Girls Club all the way to elderly dementia patients at the Brain Fitness Club.

Any advice or helpful tips for your peers?

Study every single day – even if it is reviewing your notes for one hour. There are days when school (and life) is just too hectic but it really helps me stay focused, even if I just quickly peruse the last lecture's PowerPoint. This helps me stay on track of material.

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Do We Call an Ambulance?

By Erin Degler, Accelerated BSN'19

This week I had my first experience with the ER, and it was on the other side of the curtain. I have never personally been sent to the ER, nor had I ever witnessed one of my friends or family have an emergency situation that required an immediate hospital visit. I have not even had clinical rotation or tour of an Emergency Room unit before now. So imagine my shock and discomfort at being asked to make the big decision: is it time to call 911? Let me walk you through this surreal turn of events.

It's my friend's birthday, so six of us get together at my house to celebrate. We all eat a ton of pizza, make drinks or grab a beer, and settle in for a night of board games. We're all in our mid-twenties and are used to having a beer or two on a weekend. A few hours into the night, one of the guys, "John", goes to the bathroom. Fifteen minutes later — he hasn't come out. We go over to ask if he's okay, but he only groans and he won't (or possibly can't) use words. Eventually we end up taking the doorknob off with tools since he wouldn't unlock the door. His girlfriend goes in and I stand by in case she needs me to do "any nursing things". Fast forward five minutes —

I am asked to "do nursing things" for my friend who is sitting on my bathroom floor, naked, sweating, vomiting, and not responding in a human language. For some context: John is a big guy, doesn't do any recreational drugs, ate five slices of pizza, and had maybe three mixed drinks over three hours. We weren't sure if he had hit his head while in the bathroom; we

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weren't sure if something else was at play.

Everyone looks to me. Do we call an ambulance? This is my second semester of nursing school, I've never seen a person behave like this in my life. I know that becoming a nurse means that people will often look to you for strange medical advice off the clock, but I was under the impression I'd be dealing with that after I take the NCLEX.

I make the decision; I call the ambulance. I talk to the dispatcher, keep John conscious and in a safe position, and I run point with the paramedics once they arrive. I help the girlfriend get a change of clothes ready and keep everyone calm throughout the process. I follow the ambulance with her in my car.

In the end I spent hours overnight in the ER, bedside with John's girlfriend. I was grateful for my limited knowledge in the medical technology and the tests that were being done, but I was even more grateful for the nurses and heath care staff that took care of my friend. I've spent so much time now on the other side of things, through clinicals, that it was strange to sit in a visitor's chair. It is humbling. It will always be humbling.

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Building Rapport in Difficult Situations

By Jesyca Ramirez, Accelerated Liaison, Accelerated BSN'19

As nursing students we all learn the importance of building good rapport with our patients. This allows us to learn more about them and provide better overall care. As you learn during clinical though, not all patients are easy to build rapport with. In fact some patients, or even their caregivers, can be uncooperative and make providing care a challenge. As we continue to gain clinical experience it is essential we focus on rapport building skills so that we are able to provide the best care possible to every patient we encounter.

Recently I spoke with a classmate of mine who encountered a case with an uncooperative care giver. The patient was a woman who was rushed to the hospital in an ambulance and on the way received a dose of morphine. Upon arrival to the hospital my classmate was given the opportunity to assess the patient. As he was approaching the end of his assessment, the patient's son entered the room and began yelling. He was not happy about his mother's care in the ambulance, particularly the fact that she was given morphine. He insisted on taking his mother home immediately. My classmate responded by getting the nurse and telling her the situation. When the nurse entered the room she informed the patient's son that they would start the discharge papers, but that it would still take some time before his mother would be ready to leave the hospital. At this

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point the patient grew very upset and began threatening to hit the nurse and my classmate if either of them attempted to prevent him from taking his mother. Since the situation had escalated, they left the patient and her son in the room while they went to get help. While out of the room the son took the opportunity to pack up his mother and left the hospital without being stopped.

Although situations similar to this one are not common, as nurses we will encounter patients and caregivers who are uncooperative. In order to better build rapport with patients like these I reached out to a psychiatrist for some advice. She said that remaining calm in situations with uncooperative patients is the most important thing. She then said you need to listen to the patient and their concerns. Let them know you want to help them. She suggested using "we" often when talking with them about their treatment. This creates a sense of teamwork and allows them to see you as an integral part of a solution, not a barrier to it. Using these techniques creates trust which will make proving optimal care for the patient easier.

Remain Calm
Listen
Offer help

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Interview with Bryana

By Bryana Blanco, Basic BSN'20

What was it like starting your first semester?

Starting my first semester of nursing school was like a culture shock one may have when entering a new country. Everyone had told me how difficult, time-consuming, and challenging nursing school would be, but of course, I told myself, "It can't be that bad". Those statements all came true within the first weeks of school, and in all honesty, it was a little intimidating. Yet there was something about the push of it all that I knew that nursing school was for me. Yes, the material volume is a lot, and yes it does take time to learn it all but once you learn something you ACTUALLY learn. In my few weeks of learning material, I can make connections in real-life situations and understand what is occurring in a patient. This is the exciting part of nursing school people talk about, and I can't wait to learn more.

What new things have you learned in the short time you've been in nursing school?

One major thing I have learned in my short time of nursing school is grades are not what is important, knowing the material is what matters. In our two years of pre-requisites, getting those A's is what everyone cared about and what was expected of us. As we are now in the nursing program, our patients and healthcare team we will be working with are not going to ask us what grade we earned in a class, but more so what is going on with the patient. So, in these last few weeks, I have pushed myself to do my best and earn the highest grade I can but understand the information even better.

Was it beneficial having a senior buddy?

I think it is so beneficial to have a senior buddy. They are the person who is going to be honest with you when it comes to how the semester is going to be. They are going to understand your anxieties, fears, and concerns but also help you re-center and remind you that it is all possible to get through as they did so a year ago.

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My Impression of Nursing School: How has it been for a beginner

By Natassja Debra, Basic BSN'20

Going into nursing school I was anxious because I had heard stories of how hard it is, and how to succeed you cannot have a social life. I have had to study hard but it has paid off so far. I am relieved to say my first set of exams went well and I am feeling optimistic about the rest to come. I have also found that while some weeks are extremely busy, I have others with ample amounts of free time. I am been able to enjoy many different aspects of UCF while still keeping up with my schooling. In addition, the group of people I have met have been amazing. I have never been around a more responsible, driven group. I look forward to continuing to meet new people and making more friends as I go.

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Fall is for Leaves, Not for our Patients! Tips on how to Care for Those at Risk for Falls

By Delaney Miklos, Basic BSN'19

Sept 22, 2018 – the first day of fall is National Falls Prevention Day! As nursing students and general health care providers, it is our duty to ensure that our patients are safe and free from falls. Did you know that every 20 minutes an older adult dies from a fall in the United States, and over 800,000 patients a year are hospitalized because of a fall injury?! Falls can be prevented and I'm here to tell you how!

While working on the Orthopedic unit at ORMC, I have picked up a few tips and tricks that we can implement to keep our patients safe in the hospital and safe at home following discharge:

- It is crucial that we identify those patients that are at a high risk for falls upon admission to the hospital. During the initial interview it is important that we screen for potential "red flags." Assess your patient for altered mental state.
- Furthermore, ask your patients if they have a history of falls or unsteady gait, get lightheaded or dizzy when they stand up (orthostatic hypotension), or if they are on any medications that might interact with each other causing the blood pressure to drop.

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- Another screening tool we use is the Morse Fall Risk Assessment Tool. If a patient scores above a 45 on this assessment, he/she requires an individualized fall prevention plan of care.
- Once we identify those at high risk for falls in the hospital, we identify them with a yellow wristband that says "FALL RISK." We also place them in rooms near the Nurse's station, place bed in lowest position, use a bed/chair alarm, and do purposeful rounding with toileting.
- If you are questioning a patient's ability to ambulate steadily, you can always reach out to other members of your interprofessional team like Physical Therapy and have them assess your patient's weight bearing status and fall risk.

Upon discharge, a few important education tips are to:

- Watch for small pets that can get caught under your patient's feet and trip him/her.
- Remove all throw rugs that pose a potential tripping hazard.
- Instruct your patient not to use tables or other furniture as a means to balance while he/she is ambulating in the house. Furniture like this can easily tip over and cause more harm than good.
- Create a spacious path for the patient to walk on, even if this requires rearranging furniture.
- Educate your patient on creating a voiding schedule so he/she is not in a hurry to get to the bathroom to void.
- Ensure there is adequate lighting in case patient needs to go to the bathroom in the middle of the night so he/she does not stumble on the way to the bathroom.

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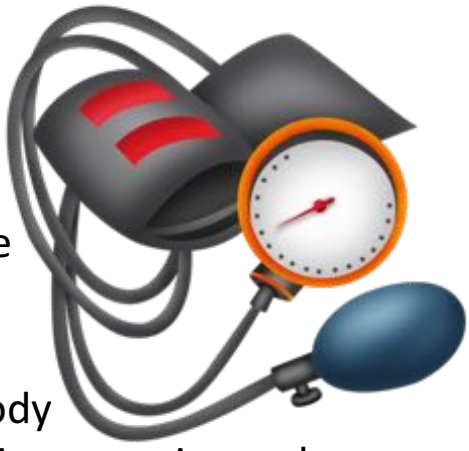
Interview with Tony: Life as a Tech

By Anthony Haberman, Basic BSN'19

Can you tell me about you job? How often do you work?
I work full time because I have to work full time. It's just a lot.
Talk about that? Does it hinder you with school work? Does it help you?
It takes a lot of my time away because when I work, I'm losing all of those hours and literally have no time to sleep. So, I wake up at 0500 six days out of the week. And with clinicals counting as a full day, I work like five full days. If you average it all out it's like five 12 hour days a week.



Where do you work?
ORMC, Neuro trauma 4A. But it's good. I like everybody that works there. Everybody that works on the floor is super nice and super helpful and teaches me things. Like, when we were learning about cardiac, my charge nurse was showing me EKG strips and showing me how to read them.

What do you do as a tech?
I take vitals, I take blood, I do ADL's.
How many patients do you usually take care of?
Eight, but if somebody calls off, then I have sixteen.
Where do you want to work?
I want to work in the pediatric ICU.

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Share-A-Meal, Make A Difference

By Amy Coisnard, Community Health Director, Basic BSN'19

One of the largest community health projects that the Student Nurses' Association participates in each year is the Share-A-Meal initiative at the Ronald McDonald houses of Central Florida. Each month SNA members go to one of the houses and cook a meal for the 50 people staying there. The three houses in the Greater Orlando Area are able to provide a place for families to stay while their children are being cared for at Arnold Palmer Hospital for Children, Florida Hospital for Children and Nemours Children's Hospital. Depending on their need, families can stay as little as one night or up to months at a time. By providing a home cooked meal, we can alleviate some worry and work for the families, so they are able to focus even more of their time, energy and resources on their children in the hospital.

When preparing meals, we try to provide a variety of family friendly options that cover all the food groups. The entrees of our meals have been anything from Spaghetti & Meatballs, to Shepherd's Pie. To include "something green" we usually provide a side salad and we always try to leave them something sweet for dessert. We are often thanked by the staff for coming out and providing the meal, but nothing is more rewarding than watching the families eat the food we make and thank us.

If you are interested in participating in a Share-A-Meal in the future, keep your eye on the class Facebook pages for sign-ups. No culinary skills are required whatsoever. Just be ready to have fun and make a difference!

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SPOTLIGHT DISEASE

Breast Cancer

- Cancer occurs as a result of mutations, or abnormal changes, in the genes responsible for regulating the growth of cells. It is caused by a genetic abnormality.
- 85-90% of breast cancers are due to aging or the "wear and tear" of life.
- After skin cancer, breast cancer is the most common cancer diagnosed in women in the US.
- Cells may spread (metastasize) through your breast to your lymph nodes or to other parts of your body.

Breast cancer can occur in BOTH men and women.

Signs and symptoms:

- A breast lump or thickening that feels different
- Change in size, shape or appearance
- Changes to the skin - such as dimpling
- A newly inverted nipple
- Peeling, scaling, crusting or flaking of the areola or breast skin
- Redness or pitting of the skin over your breast, like the skin of an orange

Risks: Being female, increasing age, a personal history of breast conditions, a personal history of breast cancer, a family history of breast cancer, inherited genes that increase cancer risk, radiation exposure, obesity, beginning your period at a younger age, beginning menopause at an older age, having your first child at an older age, having never been pregnant, postmenopausal hormone therapy, drinking alcohol.

Breast cancer. (2018, March 06). Retrieved from https://www.mayoclinic.org/diseases-conditions/breast-cancer/diagnosis-treatment/drc-20352475
Breast Cancer Information and Support. (2018, July 11). Retrieved from https://www.breastcancer.org/

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President's Corner

What It's Like to be a Nursing Assistant in the ICU

By Kimberley Lucas, President, Basic BSN'19

When I decided to become a nursing assistant, which you may commonly hear referred to as a "tech," it was for one reason and one reason only: to learn. Clinicals made me love being in the hospital environment, but I always found myself yearning for more experience. Whether it was to continue practicing my skills, interacting with patients, or simply for more observational opportunities, I knew early on in nursing school that becoming a nursing assistant was one of my top goals.

You may be wondering, what is a "tech" exactly? To start off, let me clarify that typically tech (short for clinical nurse technician), nursing assistant, or in my case, student nurse intern, are all synonymous terms. There may be some differences, but in my experience, they are too minute to be worth worrying over. If applying for a tech job is something you plan on doing one day, I recommend applying for all these positions (even if there are two different job applications but on the same unit).

Second most commonly asked question: what does a tech actually do? While there may be some variations in the tasks of a tech between units, for the most part all techs share the same basic roles. As a tech, you are essentially an aide to the nurse. You provide patient care such as grooming, activities of daily living, turning patients, hygiene and bed baths, feeding, and phlebotomy. You also keep everything stocked from the

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patient fridges, admitting patient rooms, supply cabinets, procedure carts, code carts, and isolation gowns, to name a few. Unlike clinicals, where we may do many of the same things, instead of having 2-4 patients that your nurse is assigned to, you either have all or half of the patients on your unit, depending on how many techs work on your unit or how many are there that day. On my unit, I'll either have 12 or 24!

My place of work is the Cardiovascular ICU at ORMC. As someone who has aspired to be an ICU nurse for a long time coming, working here has only enhanced my passion for critical care nursing. I love the high acuity of the patients and their pathologies, and find that this is truly the environment I thrive in. The nurses are all such experienced, high-level critical thinkers who love to teach. For me, working here has been an absolute dream come true.

Admittedly, there are some differences between being a tech on an ICU unit rather than step-down or the ED. For one, on those types of units you'll probably get much more practice with specific hands-on, tactile nursing skills. For example, whereas on the ED you'll likely get plenty of phlebotomy experience or sticking IVs, in the ICU the patients probably have an A-line, PICC line, and a PIV (if not several). If there was a need for any sort of blood culture or lab sample, there is usually plenty of access already obtained. Although I am privileged to be surrounded by incredibly intelligent nurses who all love to teach as much as I love to learn, sometimes there is just not much that I as a tech can do as far as direct-patient care simply because of the unstable and high-acuity nature of the patients. For some people, this is a bit of a turn-off as what they're looking for in a tech job is that hands on care ability at all times.

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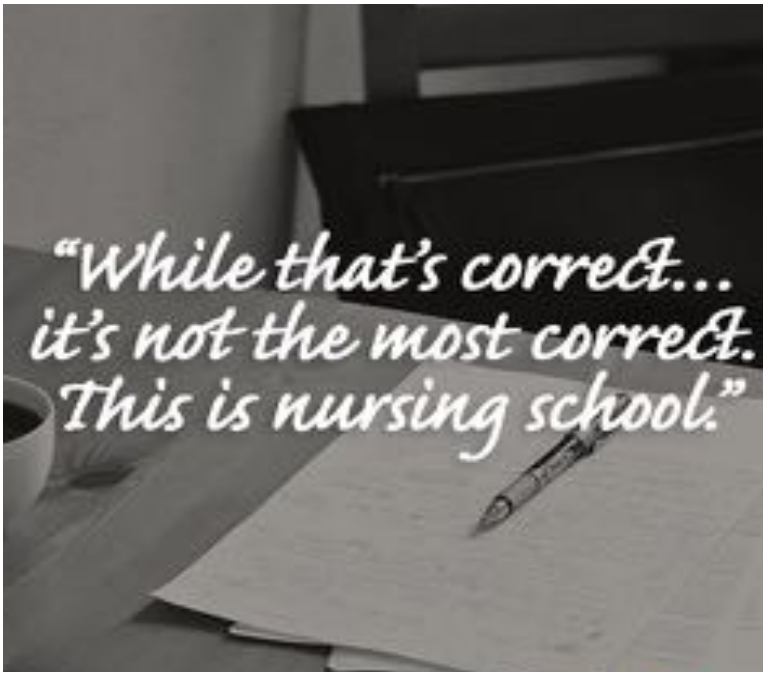
In my case, I am overwhelmingly in love with the work that I do. Like I said before, the purpose of acquiring a tech job was to learn as much as possible by immersing myself in the nursing environment. Specifically, that of the critical care patient. What I did not expect, however, was the sheer amount of knowledge that I have already gained in just a few short months. Before I even started my Adult II course this semester, I could already explain what an intra-aortic balloon pump is, how chest tubes work, and how to perform an EKG. I've seen the rapid and dramatic deceleration of a patient that had gone into septic shock and coded before our eyes, and a bed-side tracheostomy procedure of a patient that could not successfully breathe without a ventilator. Don't get me wrong; I am still a solid B student in my Adult II course. I may still get tripped up on the good ol' Select All That Apply questions once in a while, but I'd still rather take the clinical knowledge that I've gained from sheer experience over a perfect score on an exam.



While becoming a tech has been one of my best decisions, it has not come without its challenges. I'm lucky in the fact that I work a pool shift, which is one 12-hour shift a week. If I had to work part time (two shifts) or full time (three shifts), which for some people is unavoidable, I would be having a much more difficult time balancing my job and school. Some people even work part or full time on night-shift, and to those people I fully commend because I simply could not fathom that! In addition to time management, as a nursing student being a tech as its interesting

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and key distinctions. When I first started, I was sort of in "clinical" mode where I was used to following a nurse, learning about their patients, performing much of their care, and thinking critically about the nursing decisions to make. As a tech, that is simply not the case. While I take each and every opportunity to learn on the unit, my job as the tech comes first.

Another thing I struggled with (and still currently struggle with) is my self-confidence. Sometimes, I have a patient that I truly have no idea what is going on with. One day, the nurse was asking me questions about the connections I could make between their current symptoms and assessment findings and their disease processes. I took a couple guesses, all of which weren't really correct, and eventually had to admit that I honestly had no idea what was happening. Spoiler: THAT'S OKAY! I am a tech, I am a student, and I am not a nurse (yet); nor does anyone expect me to be in this moment. What they do expect, is that you are willing and open to learn. I have become very comfortable with the fact of having no idea what was happening. But you know what? Someone else will. More than likely, they'll be happy to teach you. And you know what else? That is going to happen as a nurse, too. Sometimes you have to be like, "Here's my situation, what would you do?" or "Have you ever had a patient with [insert disease here]? What should I look out for?" As nurses, we have to stick together and help each other grow. That is how we can be advocates for out patients. Always, always, always ask questions! There is always something you can learn. If I

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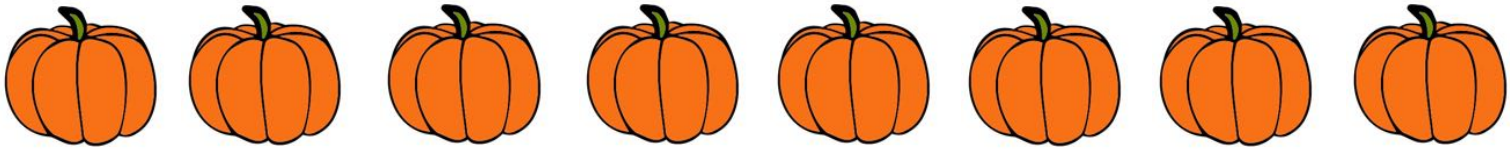
don't have a clue what's going on with a patient, I ask, research, ask, and research. Sometimes I'll go home and look up some pathoflows and follow-up with the nurse the next time I'm at work.

Now that you have somewhat of an idea of what I do as a tech, let me end this piece with a few things. There is nothing wrong with not having a tech job, and please do not think that you have to. If it is something you want to do, it is an invaluable experience. At the same token, I have seen in some cases where jobs have completely gotten in the way of school and cause a lot of stress. In my case, I've had a 12-hour shift the day before an exam twice, while for others that is their norm. I cannot stress enough how important it is not to compare yourself to others in this program, no matter if this person has straight A's, this person is a tech, or this person is doing HIM. Be the best student you can be, and remember that you never know what the person sitting next to you may be going through that makes your experiences incomparable. I always want to encourage everyone that this is your journey, so make the best of it. Who cares if you don't have a tech job! Make the most out of your clinicals. Appreciate your days off and give yourself some rest. Make time for your mental health, make time for your studies, and appreciate your own personal journey.



Announcements & Upcoming Events!

Newsletter submissions due November 11th.

Looking to get involved? Join our Heart Walk team!

FNSA Convention is October 25th-27th.

General Meetings: October 17th and November 14th.

The University HS Career Fair is October 16th!

Come on and join our Relay for Life team: Knight Nurses. And if you do decide to join there is a team Party on Nov. 7th at 1900 in Student Union Cape Florida 316CD

Our next bake sale in on October 31st from 1030 to 1330.

Contact Info for the 2018-2019 SNA Board!

President	Kimberley Lucas	ucfsnaorlpresident@gmail.com
Vice President	Emily Derayunan	ucfsnaorlvicepresident@gmail.com
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Top Point Earners
Basic BSN 2019: Caitlin Cox, Haley Edenfield, Delaney Millie
Accelerated 2017: Kelsey Tilton, Alexis Hollingsworth, Andrew Bedaure
Basic BSN 2020: