

First year nursing assignment



First Year Nursing BY e_within Tips for Your First Year as a Nurse BY IRS

Takeaways Everyone was once in your shoes! It is normal to feel overwhelmed as a new nurse. Organization is the key to becoming a successful RAN. When I first got out of nursing school and was hired as a Medical-surgical RAN in a local hospital I began searching to find tips that might help me make the transition from student nurse to RAN. I wanted a list of specific things I could do to help me learn to care for a greater patient load without an instructor there to back me up.

I was disappointed that I could not find a lot of information regarding this crucial transition. I later composed the following list of tips and tidbits. I sincerely hope these prove to be useful to someone else who is in the same shoes I once wore. 1. Be early for work. If you receive report at 7: 00 am be there at 6: AM. Most nurses appreciate you relieving them early and are more than happy to give you report. In the two years I worked as a Med-Surge nurse I worked over only twice and that was for a maximum of fifteen minutes only.

I found that getting a jump on my day enabled me to start out ahead. 2. Do not hesitate to ask questions no matter how dumb you feel. Remember that everyone started where you are. People appreciate your willingness to admit you do not know everything. People generally like helping others and will be glad to help you if you only ask. 3. Get a good preceptor. If the preceptor assigned you does not meet your needs immediately talk to your supervisor and change preceptors. Also, it is important to have the same preceptor.

When you have different people training you that slows your progress as one doesn't know how much you already know, one person works differently and with different organizational methods and another may not realize that you are able to do as much as you can. It is very important to have only one preceptor who can measure your knowledge and progress as you learn. If you must change your schedule to match one preceptor then do so. Stand up for your rights with your supervisor to ensure you get the proper training and supervision needed during this crucial phase. Also, ask for more time to train.

If they promise you eight weeks of preceptor training and then tell you that you are ready to go solo after 4-6 weeks insist that you want the whole eight weeks training. Get the full benefit of working under a preceptor while you are learning your role as an RAN. 4. When you are first assigned patients it will seem as if it is overwhelming. It is hard to remember who is who after only having had 2-4 patients while a student much less to contemplate being responsible for the lives of all these patients. It is normal to feel a sense of panic and feelings of inadequacy. Be kind to yourself.

If you had the do this Job. After your preceptor training, you will be amazed at how much you have learned in a short amount of time! 5. An important thing to remember is when you have the time to do something then do it. Don't waste one moment of your time because if you do chances are if things et hectic later you panic and won't be able to get everything done in a timely manner. Work ahead of yourself. If you have treatments to do that day, do them as soon as you can. If you see someone is going to run out of

fluids that day, take an extra bag and hang it in the room when you go in for something else.

Pull up flushes for IV Meds (such as antibiotics) and tape them to your pump so that they are there and ready when the meds complete. Save yourself steps in anyway you can. 6. Chart as you go. Learn to write as fast as you can and don't overcharge. Most new nurses have a tendency to overcharge, which is unnecessary and could also be problematic in court. It takes only a moment to chart a note and if you get in the habit of charting as you go you will be more accurate and also have a better chance of getting out of time.

If my experience, the nurses who work over are the nurses who are behind on charting. It is much easier to chart as you go. 7. Take your lunch break. You need nourishment and energy for this demanding work. You need to have a chance to get off the floor and reemerging. Don't skip lunch. 8. Find a mentor. You will meet lots of new people in your job so find someone who is well organized and knowledgeable. A mentor is invaluable to ask questions of, bounce ideas off of, and pull from their knowledge base. 9. Don't be intimidated by doctors or at least don't act intimidated.

Learn their names as soon as possible. Be friendly when you see them, look them in the eye and smile at them and say Good Morning, Dr. Smith. Thank them for any tidbit of information they give you in sharing their expertise. 10. When, not if, you make a medication error admit it as soon as you find it. Call the MD right away and tell him that you made the error. Don't offer excuses. Tell him what you did and ask him what you need to do about it.

Follow all policy and procedures for reporting the error. Never attempt to hide a medication error. Honesty is crucial.

No one is perfect and your admission of the error is your legal and moral responsibility as an RAN. 11. I believe organization is the key in doing a good job as a new nurse. With that in mind, I give you a sample of my typical day as a Med-Surge nurse. (of course this schedule could vary depending on how many admissions and discharges I had, how many treatments, problems, etc). As a rule of thumb though I always followed this outing. 6: soars Arrive to work, find assignment and go get report. If the RAN is not ready to give report, start by signing MARS, Nursing Notes, checking I&O's from the PM shift, Vitals, labs if time allows.

Receive report writing it down on paper (some hospitals use specific reporting sheets, some places you have to make your own). If nurse tends to talk a lot, keep redirecting her back to report. Time is of the essence! If you received report first then quickly sign MARS, check I's, Vitals 7: 00 (or as soon as report is over). Start pulling meds as quickly as possible. Where I work we had an Escudos somewhat like a Pixies) and additional drawers for each patient so I would quickly pull my eight o'clock and ten o'clock meds labeling the cups as to what time and put them in the patient's drawers.

This way when it was time for the med pass everything was ready except any scheduled narcotics, which were easy to pull quickly for each individual patient at that time. MM 5-8: o Begin assessments taking the 8: 00 meds as I went in. I started with the patients needing insulin (our labs did the blood sugar checks and would be giving me this information during this time) and I

would take in the needed amount of insulin when I went in to do the assessment. I normally had all assessments done by 8: 30. Checking IV sites during assessments, whether fluids are running low on pumps and dressings are CDC, stopping any pump on patients who have infiltrated Avis (informing assistants who needing changing, needed help to BRB, what patient to take an ice pack to for an infiltrated ' V). Call charge nurse to restart any needed Ms. If charge nurse unable to, then I would restart after assessments were charted. Then proceed to chart madly! I would begin to write as fast as I could and chart assessments as quickly as possible. I normally loud get all assessments charted by 9: 00.

If I couldn't then I would leave those for after the completion of my O'clock med pass. During this time I would begin asking Nursing Assistants about vitals or checking their vitals sheets for potential problems to inform Mad's of that morning. During this time I would also be taking any PRNG pain meds in to patients as needed and fixing beeping pumps, etc. Give out o'clock meds. I normally was done with my med pass by 10: 00. If I had a peg tube or crushed meds in applesauce I saved those for last and completed all other patient meds first. 10: o

Chart anything pertinent, talk with Meds who are arriving about their patients. Begin treatments such as wound care, restart any Avis that had gone bad that charge nurse did not have time to restart, double check MARS to make sure all meds had been given up to that point, medicate patients for pain as needed. Change IV fluids, help Assistants when possible. Make patient rounds. Work on discharge papers, work on admission papers as needed. 11: 30 Start working on new MD orders, hanging fluids as needed,
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Pros as needed, making patient rounds, charting, discharging patients, etc. ,
pull 2: 00 meds if time allowed 2: 30 Go to lunch.

Pull 2: 00 meds and give while rounding on patients, do treatments as needed. Work on any new MD orders, treatments, Pros, charting rest of the day would be continued in this fashion... Staying on top of everything and keeping my charting up to the minute. 6: 00 Round on patients making sure IV sites look good, none is running low on fluids, everyone is dry and comfortable, etc. , chart final notes on patients. 6: 30 Give report when RAN arrives. Go home! I hope this information has proved useful to you. I wish you success in your new career and remember everyone was once in your shoes!