On September 17th, 2010 I went to the cath lab for my special experience. I went to the 3rd floor, Cardiovascular unit and from there I followed a registered nurse names Jeffery around. The RNs on this floor rotate between the actual lab where the coronary angiogram is done to the holding area where the sheaths are removed. My personal learning goals for this day were 1.) All the reasons why a person would need to get a catheter in. 2.) What if any drugs are used for this procedure. 3.) What are the different types of catheters that are being used. When I was with Jeffery I saw three procedures/examinations: a left heart catheter, a right and left heart catheter and left heart cath. The nursing process was utilized in these procedures because there was an assessment, plenty of charting and interventions. Jeffery always did a thorough assessment on each patient that came into the cath lab. He charted all the information that was off the chart into the computer so that they could keep track of all their patients. And with interventions they would plan surgeries or advise the patient to stop smoking. A sterile field was kept at all times but what I didn't understand was them presetting for the patient following the first patient. The teaching that was done was to stop smoking and to lay straight for 6 hrs to avoid de-clotting the clot where the sheath was. Example of assessment was a thorough head to toe assessment prior to the cath. Also referrals were to either a surgeon, in regards to a patient needing a surgery, or a different floor.

The nurse's roles and responsibilities in this unit were to chart, assess the patient, circulate, see if anyone needed anything, care for the patient, shock if needed, help the surgical tech and surgeon suit up, and do a narcotics count at the beginning of each day and at the end of every shift. I will be able to apply this special experience information I gained to my own clinical practice by making sure if the patient is NPO expect for meds, to make sure they get their medications. There was a problem with a nurse holding blood pressure medication and

Jeffery was afraid to give the blood pressure medication then the patient goes up on the floor the nurse gives the medication as well and the patient bottoms out. Also by knowing that if something in the assessment is different how I can apply that to certain outcomes or diseases. Also being able to realize when a patient should go to surgery and when they shouldn't.

I had three patients I observed and just to sum up each patient with what I observed. The first patient was a 65 year old man with an abnormal stress test. He was sinus brady had high cholesterol, high blood pressure, some history of CAD and was a current smoker. From this procedure the surgeon was able to determine that the man had PVC or premature ventricular contraction and also in-stent stenosis. He would then need surgery to remove the plaque from within the stent. The second patient was a 74 y.o. male with CHF and right pulmonary infiltrate. He was sinus tachy and his whole family had a history of CAD and diabetes. This man ended up having main vein blockage which would most indefinitely need bypass. He was referred to a surgeon for 3 vessel bypass. His heart was by far the worse one I saw. The third patient was a 45 y.o. female who presened with chest pain