

her situation seemed devastating. She had broken her back, but she also suffered from an infection in her heart. <sup>As a result</sup> ~~Because of this~~, surgery was eliminated as an option. Only after six to eight weeks of antibiotics would it be reconsidered. Overall, these four kept us busy throughout the day.

Our schedule consisted of constant running. We performed rounds and administered medication every two hours, and each patient took roughly twenty minutes. After treating the patients, Courtney told me that she needed to finish her digital charts for each patient. Immediately after saying this, we were paged to one of her patient's room. Needless to say, charting could not be completed until almost noon. At that time, I asked all of my questions.

I learned many details about the job while asking my questions. First, I learned that one of the most important skills a person can possess as a nurse is advocating for the patients. Courtney told me that sometimes doctors do not fully understand how a patient is truly doing because they do not spend all day with their patient. She also informed me that when she first became a nurse, she did not expect the challenges that come with the job. According to a blog entitled *Nurse Nancy: Notes From a Neuro Nurse*, "The challenge of bedside nursing is that no day is ever the same and things in the neuro-world can change in the blink of an eye... You may think you have your day lined up and in order but a number of things can pop up that throw you for a loop." Also, I learned that <sup>nurses have</sup> a nurse <sup>his/her</sup> has to be willing to give their job everything they have in order to be successful. Working as a nurse is extensive, and I was exhausted after only a few hours. Shifts typically last twelve hours. If paperwork is not done at the end of those twelve

Perfectly fits your day!

shocked my patient twice to change her heart to the correct rhythm. Once the heart beats to the right pulse, the doctors and nurses wait for the patient to wake up from their sleepy state to make sure that patient remains stable.

By the end of the cardioversion, Janet had arrived, so I began watching her <sup>per form</sup> preform her everyday work routine. She explained how her average day went and walked me through some ultrasounds she already took. Around 10:30, we received a call to report to the neonatal intensive-care unit (NICU) to perform a pediatric echocardiography on a day-old baby boy. Janet explained to me, on the way there, that when in our mother's womb, our heart makes two holes in it, one in the bottom and one at the top, so that blood can be circulated from the mother through the baby. At birth, the holes usually close within the first couple hours. However, sometimes the holes don't close up on their own and the baby requires the holes to be shut surgically. A pediatric echocardiography takes pictures of the heart, measures the volume of the chambers of the heart, and tracks blood flow throughout the heart. The echocardiography took a little over an hour. When we returned to the work station, she showed and explained to me the pictures she captured of the baby's heart. Siganos told me that the echocardiography we performed showed favorable signs for the baby, that he wouldn't need surgery, and that within a couple days, the holes would close on their own. As an ultrasound technician, you aren't allowed to share the results you gather with the patient. You're supposed to report your findings to the doctor, who relays the information to the patient. Because of this, Janet waited to explain the results to me until we traveled away from the family of the patient. Although Janet primarily focused on ultrasounds and echos, according to an interview I read in the *Cath Lab Digest* as you gain more experience, you can further <sup>expand</sup> your job variety in patient care. According to AnnMarie

nice parallel structure

Siganos

best to use last name

Russart, a cardiovascular technologist, "Being able to switch between assisting with heart cath procedures and implants, to peripherals and EP studies, and then having the option to either monitor or scrub" is what she loves about her job.

Overall, I liked my job shadow experience. My favorite part was the cardio~~vasion~~ because observing an anesthesiologist and seeing something that isn't performed on an everyday basis really opened my eyes and I learned a lot. The least favorite part for me was working with the ultrasound pictures in the back room because I would like to have more ~~one-on-one~~ <sup>one-on-one</sup> time with the patient. I also want to assist in helping fix a patient's problem rather than diagnose them. After my shadow, I would like to pursue <sup>a career in</sup> ~~looking into~~ the health field but I don't think a cardiovascular technician is the right job for me.