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DAILY CLINICAL REFLECTION SHEET

TUESDAY **DATE:** 05/22/18	Today I intubated the esophagus. Mallampati I young girl with no significant medical history, go figure. And, I froze.. What I learned is time does not stop when you make a mistake. Ultimately, pt. safety comes first and one must confirm placement, if wrong, remove the tube, continue ventilating, and try again. But, I placed my first arterial line successfully thereafter. Everyone was watching and trying to be cool yet efficient is probably the hardest thing. Emergence is quite an art from timing suggamadex, working in dilaudid, to giving ketorolac for those indicated to blowing off gas via vent/bag mode - It is indeed quite an art I am willing to continue mastering ☺
WEDNESDAY **DATE:** 05/23/17	Officially saw the difficult airway algorithm in real life today. We had an unanticipated difficult airway with a gentleman undergoing a robotic prostatectomy. I suppose he was on the heavier end and we could have assumed he would be difficult. He had prior vocal cord polyps so it was almost as if he had extra scar tissue on his cords. We DL'ed 3x, once with the McGrath, finally with fiberoptic bronch using an airtrac. Another key thing today is to remain flexible - from having my assignments switched last minute to working with different personalities - ultimately do what is best for the patient and be nice / not confrontational to anybody.

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THURSDAY **DATE:** 5/24/18	I'm so tired writing this and it seems like my shoulders are chronically achy. I haven't gone to the gym in over two weeks and Ramadan started when clinicals did.. its been quite a challenge. No sleep. No food. No water. Oh, and my dad is in his manic stage again so that's fun. Today I was in the cystoscopy suite and intubated a urologist and a dentist right after each other. They both had TURPs done. Crazy how older patients react to anesthetics. They require less but indeed so so unpredictable. I had two more patients after that, an 87 year old who became delirious upon emergence and an add-on MAC case, for a clot evacuation of nephrostomy tube. So interesting to see the action since I used to work on a GU floor.
FRIDAY **DATE:** 5/25/18	Its amusing when younger preceptors feel the need to come across as intimidating. Its so difficult to adapt to changing personalities. I understand I have to gain trust and prove myself but dont understand the need to be abrasion. But thats fine, I am grateful for my experiences and I am here to learn. I did a thorough preop evaluation on my first patient and anticipated he would have an obstructive breathing pattern which he did.. a simple MAC case turned into GA c an LMA. I can now see why MAC can be more challenging. Its crazy what propofol does to people and its quick onset is almost frightening. I got to see the Cheetah monitoring done today when we monitored our 87-year old patients non-invasive CO/SVI/and SVV. very cool! Also, Love attendings who are willing to teach ☺ TGIF!