REFLECTING AFTER A CARDIAC ARREST HAS LEFT ME READY TO HANDLE MY EMOTIONS

I was on clinical placement on a medical ward when I heard the emergency buzzer go off in another part of the ward.

Following the nurses to the bay, I learned that one of the older female patients was having a cardiac arrest. This was my first experience of an arrest and I felt nervous as I watched the nurses and medical team, led by a senior doctor, try to resuscitate the patient.

One of the nurses administered oxygen, while others prepared the drugs and fluids for intravenous infusion, took bloods, and started chest compressions.

When one of the nurses asked me if I would like to take over the chest compressions, I said yes, even though I was extremely nervous.

The patient’s pulse stabilised after about ten minutes of cardiopulmonary resuscitation, but her oxygen saturations were only 60 per cent on 15 litres of oxygen and she was unable to breathe unaided. We managed to stabilise the patient long enough to get her to the intensive care unit, but sadly she passed away shortly after.

This was an emotionally challenging experience, and my initial reaction was shock coupled with a rush of adrenaline. Research has shown that nursing students’ anxiety levels increase when caring for a dying patient as they feel a sense of personal inadequacy and a lack of experience. This is exactly how I felt during this time, but I am glad I experienced my first cardiac arrest as a student rather than a newly qualified nurse, which would have undoubtedly been more stressful.

During the arrest, one of the nurses talked me through what was happening and supported me while I did the chest compressions. She debriefed me when it was over, enabling me to reflect on the experience and ask questions.

This was important to me because I had mixed feelings about the experience. Although the team were obviously doing everything they could to save the patient’s life, I felt that she was being seen as a body that needed fixing, rather than an individual.

I had never looked after the patient, or even spoken to her, but I was aware of the importance of maintaining her dignity throughout the emergency procedure. I felt sad that, despite our best efforts, we were unable to save the patient. The debriefing nurse assured me that my feelings were normal.

My first experience of a cardiac arrest was of an extremely organised, calm and supportive team working together. Although I was nervous to begin with, I am glad I joined in with the resuscitation attempt as doing so has increased my confidence.

As I progress through my training, my clinical skills and knowledge will improve. Hopefully I will find future cardiac arrests less intimidating and will be able to deal with them in a calmer, less anxious manner.

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