Introduction

This reflection will be based on an experience I had in my first week on the Endocrine Ward. This ward focuses on the care for patients experiencing issues with their endocrine system and therefore the glands and metabolic processes throughout the body (Fox, Brooke and Vaidya, 2015). These focuses include diagnosis, education, treatment and rehabilitation of patients. This relates to Platform 2 (promoting health and preventing ill health) of the Nursing and Midwifery Standards of Proficiency for Registered Nurses (NMC, 2018) as patients are being informed of their conditions, as well as possible outcomes without certain changes or treatments. I will use Gibb's Reflective Cycle (Gibbs, 1988) in this reflection to discuss a 19-year-old male who will be referred to as James to maintain confidentiality (NMC Code, 2018). James had been admitted to the ward via Accident and Emergency (A&E) following a drastic change in his health.

Description

The patient arrived and was admitted to the Endocrine Ward at approximately 6:45am after spending most of his night in A&E. James had been brought to the hospital by ambulance due to feeling ill for a few days, as well as vomiting (possibly caused by gastroparesis) (**Wake Gastroenterology**, n.d.), losing 7 pounds of weight in four days and experiencing extreme thirst and polyuria (Ghosh and Collier, 2012). This was his only medical history. After being admitted to the ward, James' blood was taken, and when the results returned his blood glucose was 22mmols (DiMeglio, Evans-Molina and Oram, 2018). This, as well as the symptoms he had been experiencing led to him being diagnosed with late-onset Type-1 diabetes. James' symptoms may have been caused by Diabetic Ketoacidosis (DKA) (Centres for Disease Control and Prevention (CDC), 2021) which may have been fatal if he had not been treated as soon as he was. After James was informed of this diagnosis by the rounding doctor, he expressed his worries about having to use insulin injections and about his father's recent death, which was caused by a myocardial infarction, possibly a complication which resulted from his diabetes (Dunning and Smuair, 2020). James explained that his father followed a strict diet and took medications to control his diabetes which leads me to believe his father was Type 2 diabetic (Ghosh and Collier, 2012). My supervisor and I explained to James that he will be on insulin and a strict diet for the rest of his life. We also tried to comfort James about his father's passing and reassured him that although he is at more risk for complications than most individuals, he will be of less risk if he has a healthy lifestyle. After this, James asked for some information about diabetic diets, and I explained that I would ask my supervisor to speak to him. My supervisor told me that James had been referred to the diabetic specialists, and so he would have education and focused care from them when they came to review him the next day. This was to ensure that he received the correct information and support from staff who specialised in diabetic care and would be caring for him long-term after his discharge from the ward. James was scoring a 0 on is Early Warning Score (EWS) (National institute for Health and Care Excellence (NICE), 2020), with his blood pressure at 106/64, pulse of 62bpm, oxygen saturations of 99%, respiratory rate of 16bpm and temperature of 37.1°. These observations were decent and so James's care became less intrusive. Because of this stability, James was placed onto a less frequent observation plan and was able to do more for himself as his condition was less severe.

Feelings