Tube feeding and Parenteral Nutrition:

(Practice tool not found through link)

NG tube insertion reflection-The video directed the correct way and tips to use an NG tube and strongly advised to make sure the patient doesn't have a deviated septum. During the army we had to use similar technique to perform a nph but I was unable to do this on myself because of my broken nose and what I currently have grafted in my nose. They are using a harder plastic then what I used in the military but the measurement of the tip of the nose to the earlobe to the xiphoid process was the same as is did. I completed this in the military during my Combat Life saver course for when you are deployed but this video was more medical forward because instead of lubrication we used our own saliva for the patient. Overall, this course was a refresher for me because of my prior experience with other modules throughout the program and my military experience. I think for most of the students, they may not have the military background I do, so this learning experience would be very helpful because it shows how to do it instead of just learning about it through books or modules. Lastly, I think during my clinical rotation, I will be using techniques, so regardless of a student's background this should stay within the prerequisites because having a refresher before going into your internship not only prepares you for the experience but also protects the patient you will be working with.

Dietitians in Nutrition Support: Calculations

Reflection:

While reviewing this video, and even if it was a fictional client with basic math created to make the calculations simple, I learned a lot from this video. From the original concept of the IV

administrations to the separate macronutrients being concentrated or separated was very interesting. I think I will keep this information in the back of my mind because of the clinical setting coming up but also it could be very useful in the future. I found it interesting that while we administer all the macros, the lipid portion is less likely because of other interventions or medications. Before I started this lesson, I was thinking it was just about protein and the other macros, but I was drastically wrong. I didn't even consider evading the stomach and the need for amino acids and the different type of carbs needed. I understood Dextrose before this lesson, but I never thought it would alter the calculations.

After completing the video and the lesson, I find this type of intervention more meaningful than when I first started. I know it was important, but I never knew this much went into finding the correct mixture for each patient. Not only this but the amount of interconnectedness of the departments needed to ensure everything runs smoothly. I still want to know how these departments work together on this type of care because even a slight typo or mistake could be a drastic mistake, but I know from our previous case studies it's all about paperwork. While I listened and did the math on my own as well, I could see how this could be complicated if the weight or measurements are not as easy as the example that is given or if the patient has certain conditions or allergies that could complicate things. I think the best way from me to get a better understanding is in the next few months in my clinical internship while working with the population in that area and the care team. The hospital I am doing my internship at is known for its oncology department, so I took this video and lesson very seriously because just like all other aspects of the program, everything links together and if you don't understand it all, the patient could suffer.