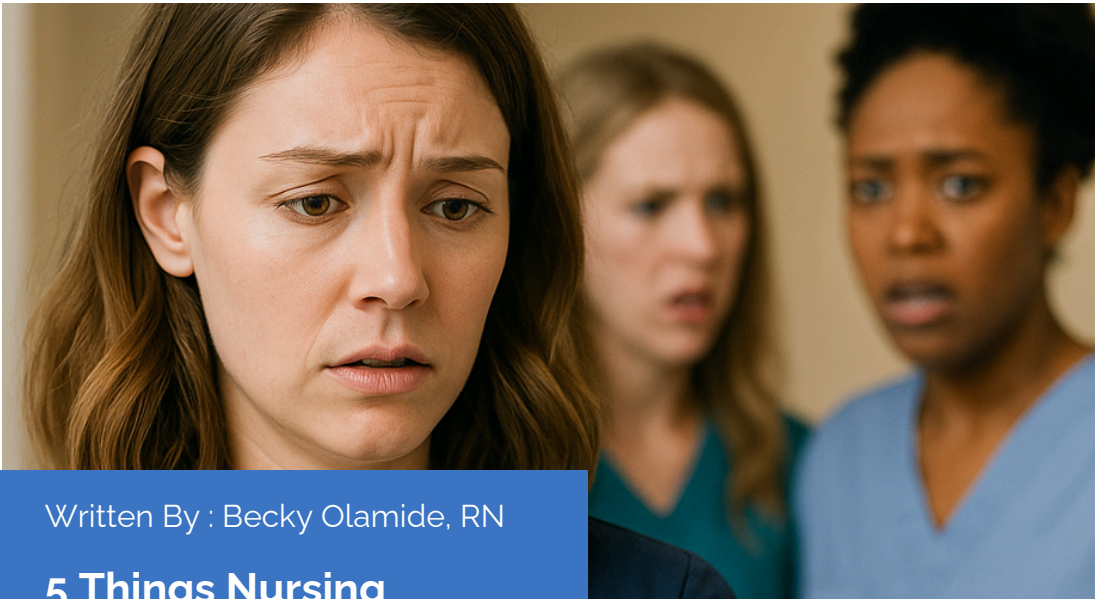


# The iV

insights and vibes



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## 5 Things Nursing School Didn't Teach You About Starting Your Career (And What No One Warns You About Female External Catheters)

Nursing school gives you the foundation—but stepping onto the floor as a new nurse is an entirely different story. You're thrown into 12-hour shifts, critical decisions, and high expectations. And no one tells you how tough some of the "basic" stuff will be.

Here's what you need to know that no lecture ever covered—especially when it comes to one device you'll use more than you expected: female external catheters.

### ● 1. Time Management Will Save You—But It Doesn't Come Naturally

You'll hear it a hundred times: "Time management is key." What they don't tell you is that it's hard to master when you're juggling meds, charting, rounds, family questions, and a patient screaming for a urinal—at the same time.

Real talk: It's not about doing everything faster—it's about doing the right thing first.

- Start with a checklist. It's your anchor.
- Prioritize tasks by urgency, not comfort.
- Ask for help. Delegating isn't weakness—it's survival.



## ● 2. SBAR Isn't Just a Buzzword—It's How You Keep Your Team (and Patients) Alive

You'll be expected to know what's going on with every patient—and say it clearly, quickly, and confidently.

SBAR (Situation, Background, Assessment, Recommendation) isn't just a communication tool—it's how you get what your patient needs from busy physicians, respiratory, wound care—everyone.

"If you fumble the SBAR, you lose credibility. I learned to prep my updates like I was presenting in court," says one new grad ICU nurse.

Listening is just as critical. Your patients will often tell you what's wrong—if you pay attention.

## ● 3. You're Going to Doubt Your Skills—Do Them Anyway

The first time you hang an IV piggyback alone, place an FEC, or call a rapid response, your hands might shake.

That's normal.

Every seasoned nurse you admire once felt like a fraud. Confidence doesn't come from knowing everything—it comes from doing it anyway, over and over, until it feels like second nature.



## ● 4. If You Don't Prioritize Self-Care, You'll Burn Out Fast

Nursing takes a toll. Physically, emotionally, and mentally.

Breaks aren't a luxury—they're a necessity. Hydrate, sit down when you can, and invest in good shoes. Chronic pain shouldn't be a badge of honor.

Find a mentor. Join a group chat with other new grads. Vent. Laugh. Cry. Repeat.

"I thought I had to be the 'tough nurse.' But I learned that burnout is tougher," says an ER nurse in her second year.

## ● 5. Advocacy Isn't Optional—It's Your Superpower

You'll see things others miss—like subtle signs of decline, poor wound care orders, or a patient too embarrassed to ask for help.

Speak up.

Advocate for the scared post-op patient. Question questionable orders. Clarify when you're unsure. Dignity starts with us.

## ● The Truth About Female External Catheters (That No One Warned You About)

### Proper Placement Is a Game of Precision

Unlike male external catheters, female versions are fickle. They rely on suction, not fit, and anatomy varies. One small shift? You've got leaks, wet sheets, and skin breakdown.

- Use adequate lighting.
- Follow the manufacturer's positioning exactly.
- Check suction after setup—and frequently.

### Leakage = Skin Damage Waiting to Happen

Improper placement and restless patients lead to leaks—which means moisture, maceration, and IAD (incontinence-associated dermatitis). One missed repositioning and you're charting a stage 2 wound.

### Some Patients Hate Them—And That's Okay

FECs can feel foreign and uncomfortable. Your job isn't to force them—it's to educate and reassure.

Normalize it. Explain the "why." Let them know it's about comfort and dignity, not just convenience.

### They Don't Work for Everyone

- Pregnant patients in their third trimester may experience hypotension from positioning.
- Arthritic patients may find the setup painful.
- Unique anatomy can make it ineffective.

In those cases, it's okay to pivot. One size doesn't fit all—and you're not failing if you switch to another option.

### Cost and Supply? Always a Wild Card

Some hospitals have limited stock. Some insurance plans won't cover them. You'll learn fast: not everything that works is available. Be ready with backups and stay informed about what's in supply.

### The Bottom Line

Being a new nurse is hard. Female external catheters are harder than they look. But with patience, practice, and honesty about the challenges, you'll get better—shift by shift.

Because at the end of the day, what makes you a great nurse isn't knowing it all—it's caring enough to keep learning.



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