

## Surgical Case 2: Stan Checketts

### Guided Reflection Questions

1. How did the scenario make you feel?

It made me feel more confident because the scenario went pretty smoothly. Through the whole scenario, I felt pretty good and did not worry that I was doing the wrong thing. Overall it seemed to go pretty smoothly.

2. When reflecting on the care of Stan Checketts, what are signs and symptoms you can assess in the next patient you care for who might be at risk for dehydration?

Signs and symptoms I can try to identify would be feeling thirsty, dark and strong-smelling urine, feeling dizzy, feeling tired, dry mucous membranes, and decreased urine.

3. Discuss signs and symptoms of hypovolemic shock.

Signs and symptoms of hypovolemic shock include headache, fatigue, nausea, profuse sweating, dizziness, cold skin, pale skin, rapid and shallow breathing, rapid heart rate, decreased urine, confusion, weakness, weak pulse, low blood pressure, and changes in LOC.

4. Discuss assessment and expected findings in a small bowel obstruction.

Expected findings would include nausea and emesis, complaints of cramp-like abdominal pain, and unable to have a bowel movement. A physical assessment will find abdominal distention, tympani to percussion, and high-pitched bowel sounds. Radiologic imaging of the abdomen can help confirm the diagnosis by seeing the possible obstruction.

5. What key questions does the nurse ask in an acute abdominal pain assessment?

I would ask the severity of the pain using a pain scale (0-10), if anything makes the pain better or worse, what kind of pain, if the pain radiates at all, how often they have the pain, when the pain started, and ask about what could have caused the pain.

6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

The abnormal labs were sodium, chloride, BUN, creatinine, hemoglobin, hematocrit, and white blood cell count.

7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?

The best way to confirm placement is to get an abdominal x-ray to see where the NG tube is placed. After this, you can also aspirate the contents and check the pH to help determine placement. Also, auscultation can be done at the bedside to hear if the placement is correct. The gold standard is to do the abdominal x-ray.

8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

S: Stan Checketts presents to the ED with severe abdominal pain, nausea, and vomiting over the past few days. I just inserted a nasogastric tube and confirmed placement with an abdominal x-ray which also helped determine that the patient has a small bowel obstruction. He also currently has signs of dehydration and possible hypovolemic shock.

B: Checketts is a 52-year-old white male. He has not urinated since yesterday and has had increasing stomach pains. Has been vomiting for the last few days and has arrived in the emergency department.

A: My assessment found hyperactive bowel sounds, distended and tender abdomen, cool and clammy skin, decreased skin turgor, and other signs of dehydration and hypovolemic shock.

R: I recommend continued normal saline infusion, antiemetics to prevent nausea and vomiting, analgesics for any pain, and surgery for the small bowel obstruction.

9. What would you do differently if you were to repeat this scenario? How would your patient care change?

I would identify the problem earlier so that I could get them the pain, antinausea medication, and fluid bolus sooner. I do not want to delay the care that my patient needs which could cause further problems. I would also read the provider's orders more carefully so that I do not draw up labs that the patient does not need. In the real world, you never want to draw blood labs that are not needed especially when you have to stick the patient.