

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?

This simulation provided a great alternative learning opportunity for me. I felt confident in my abilities to care for this patient. There were several things in the orders that I got to complete. I also assessed and treated the patient's symptoms like pain.

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 of dehydration that I will assess for are decreased skin turgor, oliguria, dry skin, prolonged capillary refill, and weakness of the patient. Make sure to ask when was their last bowel movement and what did it look like.

3. Discuss signs and symptoms of hypovolemic shock.

Some signs of hypovolemic shock include hypotension, tachycardia, oliguria, tachypnea, cool and clammy skin.

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

Typical findings of a small bowel obstruction include things like abdominal distention and cramps, bloating, absence of bowel movements, and hyperactive bowel sounds.

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

P = Provokes- What causes pain? What makes it better? Worse?

Q = Quality- What does it feel like? Is it sharp? Dull? Stabbing? Burning? Crushing?

R = Radiates- Where does the pain radiate? Is it in one place? Does it go anywhere else? Did it start elsewhere and now localized to one spot?

S = Severity- How severe is the pain on a scale of 0 - 10? 0 being no pain. 10 being the worst pain you have ever felt.

T = Time- Time pain started? How long did it last?

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

The patient's BUN, creatinine, white blood cell count, sodium, Hgb and hematocrit were all abnormal.

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

In order to confirm NG tube placement, a chest x-ray is preferred. This is the gold standard for confirming placement.

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

Stan Checketts, a 52 YO Male came in with severe abdominal pain, nausea and vomiting the last several days. He appears to be very dehydrated with no urine output. He has a poor capillary refill and a distended abdomen. I would recommend proceeding with the ordered abdominal x-ray to see if we can rule out preoperative bowel obstruction and treat abnormal electrolytes and dehydration.

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

I did not administer the ondansetron because when I asked the patient if he was wanting any medicine for his nausea, he said no. I should have administered the medication as ordered anyway. The patient would have been more comfortable this way. Other than that, I cannot think of anything I would do differently. I felt competent in my abilities as a nurse to treat this patient.