

Surgical Case 2: Stan Checketts- FRANCESCA ABUDA IM7

Guided Reflection Questions

1. How did the scenario make you feel? Good, I felt confident taking care of the pt
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? nauseated and vomiting, Cold extremities, dizziness, weakness, poor skin turgor
3. Discuss signs and symptoms of hypovolemic shock. Paleness, rapid breathing and heart rate, decreased urine output, sweating, confusion
4. Discuss assessment and expected findings in a small bowel obstruction. Hyperactive bowel sound, abdominal pain, constipation, inability to pass gas, distended abdomen
5. What key questions does the nurse ask in an acute abdominal pain assessment? Where is it located, when did it start, what were you doing before it started, how long has it been
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find? High hct, high Na&Cl , high creatinine
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube? Abdominal xray
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
He came in with abdominal pain and vomiting. I gave a bolus NS 500 ml for 30 mins, buprenorphine for pain, and ondansetron for his nausea. He is on NG tube, and currently NPO. He is 3 lead ECG, and o2 on simple oxygen mask at 4 L. He is doing okay now, just continue watching is blood pressure if the fluid bolus is enough. He is also just waiting for surgery for his abdominal obstruction.
9. What would you do differently if you were to repeat this scenario? How would your patient care change? I would check if he still feels nauseous after 30 mins. I would be able to see if he still needs another 4 mg, helping him feel better