

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
 - a. This scenario was pretty normal patient care and did not stress me out, thankfully.
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?
 - a. I would make sure to be mindful of the pt's output, skin turgor, nausea and vomiting, dry skin and mucus membranes, and dizziness.
3. Discuss signs and symptoms of hypovolemic shock.
 - a. Some signs and symptoms of hypovolemic shock are tachypnea, dehydration, anxiety, cool skin, generalized weakness, low blood pressure, and pale skin. Hypovolemic shock can occur from the fluid shifts related to the edema and congestion occurring in the bowel.
4. Discuss assessment and expected findings in a small bowel obstruction.
 - a. The pt will usually present with abdominal pain and distention, vomiting and inability to pass flatus is also common. The pain that is present is a cramping and intermittent tight of pain. Vomiting and dehydration, adhesion in the small bowel, colic, and cramping are all expected findings in a small bowel obstruction.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
 - a. The key question the nurse should ask in an acute abdominal pain assessment is pain. The nurse should use the acronym PQRST to evaluate the pain, quality, region, severity, and time to evaluate the pain the pt is experiencing.
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
 - a. Some of the labs that would be abnormal would be sodium, urea nitrogen, creatinine, hemoglobin, hematocrit, and white blood cells.
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
 - a. The placement of a NG tube is confirmed with an x-ray.
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 - a. 52 year old male. Severe abdominal pain. N/V. Poor skin turgor, dry mouth, distended and tender abdomen. Poor urine output. Watch his labs and his dehydration.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
 - a. I would make sure to be mindful of the small changes my pt experienced throughout my shift. Those little changes are key elements to the end diagnosis and state of my pt and I need to be more aware and critical think during my pt encounters.

