

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
 - This scenario made me feel more comfortable than the other scenario, but it was still a little stressful trying to get everything given to him to help him feel better.
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?
 - I will look for low electrolyte levels and look at their skin turgor
3. Discuss signs and symptoms of hypovolemic shock.
 - They are going to have BP that is going to be low because they don't have fluid, they are going to be lethargic and maybe have an altered mental status, they are going to be cool to the touch because all their volume is going to major organs,
4. Discuss assessment and expected findings in a small bowel obstruction.
 - In the assessment I would listen to bowel sounds and look at the abdomen and ask LBM, I would expect to see a blockage on the scans, and they also will probably be vomiting and it may look like coffee grounds and smell foul, their lab electrolytes will low because of the vomiting.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
 - When was your last bowel movement and have you had trouble going to the bathroom?
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
 - All his electrolytes were out of whack and that was due to the vomiting
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
 - Xray, or auscultation
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 - I would include that he came in N/V for a couple of days, he has a hx of repairing a hernia and surgery for appendectomy, His vitals are stable right now, he has an IV in his right FA, he is getting ondansetron and buspirone, he also has a NG tube for gastric decompression, and we are suspecting he has a small bowel obstruction and will need surgery.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
 - I would slow down and actually make sure I was clicking the right buttons. This is a good element is patient care as well because I could slow down and not rush.