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Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel? I felt like I had control over the situation from start to finish. I was able to promptly think about what I should do in this scenario to get my patient feeling better than they initially did.

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 that I would look for in a patient that I expected of experiencing dehydration include feeling thirsty, dark yellow and strong-smelling urine, feeling dizzy or lightheaded, feeling tired, a dry mouth, lips and eyes, urinating small amounts (oliguria), and fewer than 4 times a day.

3. Discuss signs and symptoms of hypovolemic shock. Anxiety or agitation.

Cool, clammy skin, Confusion, Decreased or no urine output, generalized weakness, pale skin color (pallor), rapid breathing, sweating, moist skin.

4. Discuss assessment and expected findings in a small bowel obstruction. Signs and symptoms of intestinal obstruction include crampy abdominal pain that comes and goes, loss of appetite, constipation, vomiting, inability to have a bowel movement or pass gas, swelling of the abdomen.

5. What key questions does the nurse ask in an acute abdominal pain assessment? I would ask the patient if they are having any pain. On a scale of 0-10 what their pain is at. How long have they been having the pain, does it radiate anywhere else, does anything make it better or worse, when was the last time they were able to defecate, and if they currently needed anything for the pain.6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find? Elevated hematocrit is suggestive of dehydration and elevated pH and elevated HCO3 is suggestive of metabolic alkalosis d/t vomiting. Sodium, urea nitrogen, creatinine, hemoglobin, and WBC's were also 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? X-ray picture shows placement, pH aspiration: if pH is <5 then placement is correct.
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

S: Mr. Checkett's arrived to the ED with with severe abdominal pain, nausea and vomiting

B: He is a 52-year-old male and hasn't urinated since yesterday and has had increasing stomach pains, has been vomiting for the last few days

A: hyperactive bowel sounds with a distended and tender abdomen, skin is cool and clammy with decrease skin turgor

9. What would you do differently if you were to repeat this scenario? How would your patient care change? In this scenario, I was confident in the interventions I choose to do. For that reason, I don't think I would have done anything differently. I think this was a great scenario that really allowed me to critically think, and implement the best measures for my patient.