

Madison Gage

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
-This scenario went very well for me. I had a checklist that I went through, and I hit all the points I needed. This scenario was fun to do.
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 would look for skin tenting, decreased urine output, tachycardia, dry mucus membranes, and maybe a generalized feeling of weakness.
3. Discuss signs and symptoms of hypovolemic shock.
-S/S of hypovolemic shock are change in LOC, hypotension, tachycardia, oliguria, diaphoretic, and dyspnea.
4. Discuss assessment and expected findings in a small bowel obstruction.
-The expected findings of a small bowel obstruction may be abdominal pain, N/V, distention, dehydration, malaise, fatigue, loss of appetite, and constipation. To assess you we need to do a good abdominal assessment inspect, auscultate, and then palpate.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
-Ask the patient about what provokes the pain, what does the pain feel like, does the pain radiate anywhere, what is it on 0-10 scale, and when does the pain occur?
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
-The abnormal lab values were Potassium, WBC, hematocrit, and chloride.
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
-Chest x-ray is the preferred method
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
-The key elements I would include is current urine output, the patient's current manifestations that they are experiencing, the medications they are receiving. I would discuss IV access, diet, and the current plan of care.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
-If I were to repeat this scenario, I would dive deeper into the charts. I get very wrapped up in the actions I need to be doing rather than looking at the patient's chart. I would probably assess pain a little bit differently using PQRST.