

## Surgical Case 2: Stan Checketts

### Guided Reflection Questions

1. How did the scenario make you feel?  
This scenario was fairly standard but I was really paranoid that something bad was going to happen. Going through it in a routine way made it make sense and helped me get through to the end.
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?  
Looking at signs and symptoms that he had, I would assess skin turgor, capillary refill, dry mouth, dry skin, dizziness.
3. Discuss signs and symptoms of hypovolemic shock.  
Signs and symptoms of hypovolemic shock include tachycardia, tachypnea, weakness, fatigue, confusion, decreased urine output, hypotension, and cool, clammy skin.
4. Discuss assessment and expected findings in a small bowel obstruction.  
Assessment for a small bowel obstruction includes a physical exam including looking, listening, and palpating the abdomen. An x-ray or CT exam may also be performed. Expected findings would be a distended abdomen, hyperactive bowel sounds, nausea, vomiting, and abdominal pain.
5. What key questions does the nurse ask in an acute abdominal pain assessment?  
Key question would include a standard PQRST pain assessment asking about the presence of pain, quality, radiation, severity, and timing. Asking if anything makes it better or worse. I would also ask about normal bowel habits with any recent changes.
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?  
His hematocrit and electrolytes were 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?  
Preferred method for confirming placement of an NG tube is abdominal x-ray.
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 his admitting complaint of abdominal pain. For the background I would expand on the background of the pain being the last few days and the patient having nausea and vomiting as well as what was done – IV started, NG tube to low intermittent suction, oxygen applied. Assessment would be important to include his abnormal lab values and xray findings. Recommendation I would include possible medications for him, pain medication or nausea medication if what was ordered wasn't working, possible interventions for his small bowel obstruction.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?  
I would change the order that I did things. I focused too much on doing the exam and not on interventions to help the patient. I would do the important parts of the exam and

then provide appropriate interventions such as pain or nausea medication and then finish the questions once he had some relief.