

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
 - The VSim is a great learning experience and being able to treat the patient with a diagnosis that you have not treated before is a good learning experience. Throughout clinicals I had not had a patient with small bowel obstruction.
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 would be that the patient is no longer sweating, producing tears, or urinating. A few more signs and symptoms would be irritability, delirium, sunken eye, and poor skin turgor.
3. Discuss signs and symptoms of hypovolemic shock.
 - Hypovolemic shock signs and symptoms would be rapid heart rate, quick shallow breathing, and feeling weak.
4. Discuss assessment and expected findings in a small bowel obstruction.
 - The patient was experiencing cramps, nausea, and he was in metabolic acidosis.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
 - Is the patient experiencing pain and if so where? Is the patient passing gas and stools? Is the patient experiencing nausea and vomiting? Any pain and tenderness?
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
 - The patients lab were abnormal such as elevated HCT, elevated Na, and decrease K.
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
 - An abdominal/ chest 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 the patient's name, date of birth, history, and what signs/ symptoms is he having upon arrival. Did the patient take any medications prior to arrival? I would do patient teaching to the client and provide additional education. I would do recommendations such as signs and symptoms of dehydration.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
 - I would immediately begin assessing the respiratory status of the patient, then abdominal status. I would change my time management and be more active with my time management.