

Medical Case 4: Carl Shapiro

Guided Reflection Questions

1. How did the scenario make you feel?
I am familiar with ACLS and the scenario seemed pretty real. I like the anticipation of the VSIMs because the scenario tends to change and you have to be able to think quickly on what interventions are needed to help the patient.
2. What could have been the causes of Carl Shapiro's ventricular fibrillation?
The patient's acute heart attack may have been the biggest contributor due to the lack of blood flow to the cardiac muscle. The heart may have become electrically unstable which resulted in the VFIB.
3. When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?
With compressions the depth should be at least 2 inches and allow complete recoil to allow the heart to fill with blood before the next compression. The rate should be 30 compressions to 2 breaths. The BVM should have a complete seal around the mouth and bridge of the nose. During initiation of breaths, chest rise should adequate amount of air has been administered.
4. Discuss safety aspects during defibrillation.
Defibrillation precautions include:
Not touching the patient during defibrillation
Not using alcohol to wipe the victims chest prior to placing pads
Not defibrillating victim when in contact with water or conductive surface.
Apply the defib patches to correct areas, having the correct size for the victim and assuring the pads make contact with the skin.
5. If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?
The staff would need to supply ventilation and secure airway.
The patient would be under hypothermia protocol and the body to be cooled to 32-36°C for 24 hours.
Blood pressure should be managed by IV/IO bolus and/or Pressor infusion.
An EKG should be done and coronary reperfusion may be needed by sending the victim to the cath lab for coronary intervention.

6. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

Situation: 54 y/o Male with increased Chest pain, Diaphoresis and Shortness of breath. Reported increased pressure and felt like "an elephant was standing on his chest."

Victim was given aspirin and 2 doses of nitroglycerine and pain has subsided to 0/10.

Background: Sedentary and travels a lot. Risk factor are hypertension, smoker ½ pack a day and obese.

Assessment: During initial patient assessment, vitals were in within parameters. The patient was answering questions and was alert and oriented. The patient then became unresponsive. The EKG showed to be in VFIB. CPR was initiated and patient was delivered 1 defibrillated shock before regaining a pulse. The code team arrived shortly after.

Recommendation: I believe the patient should be sent to higher level of care and coronary reperfusion is needed. The patient is in need for coronary angiogram for evaluation of coronary vessels and possible intervention.

7. If Carl Shapiro's family members had been present at the bedside during the arrest, describe what you could have done to support them during this crisis.

During the arrest multiple staff members would have their duties to help the patient. One staff member should allow room for the staff by assisting the family aside and/or outside the room if needed. In some cases, family may want to stay as long as there is not interference with staff. This could allow for closure if ROSC was not achieved. As the nurse with the family, ensuring the family that the staff is doing everything needed, and also teaching the family what steps are taking place in order to help the victim. The staff member should answer questions and give emotional support to the family as needed.

8. What would you do differently if you were to repeat this scenario? How would your patient care change?

If I were to repeat the scenario, I would complete my vitals signs prior to completing my assessment questions. In real life, the nurse would be able to multitask but during the VSIM, the task has to be completed before moving on. I was unable to complete all that was needed prior to the scenario changing. Also, getting the vitals first would show if the patient's status was deteriorating which would allow for early intervention to prevent further harm.