

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
 - a. In the beginning, it made me feel disorganized because I was trying to figure out where everything belonged on the VSIM. After clicking on each tab and figuring out where everything belonged, I felt more comfortable throughout the scenario. By the end of the scenario, I was happy with my results.
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?
 - a. Feeling thirsty, dizzy, lightheaded, and dry mouth, dry skin, dry mucous membranes, poor skin turgor, dark colored urine, fatigue, and weakness.
3. Discuss signs and symptoms of hypovolemic shock.
 - a. BP drops, hypotension, urine output decreases, cool skin, tachycardia, quick/shallow breathing.
4. Discuss assessment and expected findings in a small bowel obstruction.
 - a. Abdominal pain/cramping/tenderness that worsens with movement, inability to have a bowel movement, hyperactive bowel sounds, rapid pulse, increased respirations.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
 - a. *Where the pain is located?*
 - b. *What makes the pain worse and better?*
 - c. *Pain scale/quality of pain?*
 - d. *When did the pain start and what were you doing when it started?*
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
 - a. Abnormal sodium, WBC, creatine, hematocrit, hemoglobin, urea nitrogen.
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
 - a. X-ray, you can also tell by if gastric contents come out of the tube and observe the color of the contents.
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 - a. Age (52), male, presented with severe abdominal pain along with N/V the last few days, abdominal tender and distended, dehydration symptoms present, decreased urination, IV location, medications given, NG tube insert date and quantity of secretions coming out of it.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
 - a. I would try to be more organized because I wasn't familiar with where everything was located on the VSIM, but other than that, I wouldn't change anything.

