

## Surgical Case 2: Stan Checketts

### Guided Reflection Questions

1. How did the scenario make you feel?
  - a. I felt okay. Reading the scenario sounded like other patients I have interacted with or learned about in class.
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?
  - b. Some signs include poor skin turgor, skin was hot and dry. Patient presented with dizziness and was not urinating within normal levels.
3. Discuss signs and symptoms of hypovolemic shock.
  - c. Hypotension, confusion or dizziness, feeling weak and also shallow breathing
4. Discuss assessment and expected findings in a small bowel obstruction.
  - d. Abdominal assessment would be done and some findings could be abdominal distention, abdominal pain, feeling of bloating or tender on palpitation.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
  - e. Use PQRST. What caused the pain, what does the quality of the pain feel like, where does it radiate it to, severity of the pain, and what were you doing at the time the pain started
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
  - f. The abnormal labs were sodium, urea nitrogen, creatinine, Hgb, hematocrit and WBC
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
  - g. X-ray
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
  - h. A 52-year-old white male comes in with severe abdominal pain, N/V, for the past 3 days. Upon assessment, abdomen is distended and tender, poor skin turgor and dry mucous membranes is observed. Patient has not voided since last night.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
  - i. I would reassess the patient for nausea after administering the ondansetron, and continuously monitor blood pressure.