

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
I felt more comfortable with looking at the orders and my ability to follow what had been done and still needed to be completed. The patient was calm and the status did not decline or crash so the anxiety factor never increased. Overall, I feel that I did well and completed all that needed to be done in a timely manner.
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?
Assessing the patient's skin turgor and mucous membranes one way. Also, asking the patient's history regarding the time of vomiting and amount helps. Taking the patient's vital signs such as BP and HR could indicate hypovolemia. Once labs are drawn and results return the values abnormalities could show dehydration.
3. Discuss signs and symptoms of hypovolemic shock.
Mild signs consist of HA, fatigue, nausea, diaphoresis, and dizziness.
Severe symptoms may be pale/clammy/cool skin, rapid/shallow breathing, increased heart rate, little urine output, weakness, confusion and/or loss of consciousness.
These signs and symptoms should be evaluated and treated as soon as possible to prevent hemorrhaging or hemorrhagic shock. Internal fluid loss is not as apparent as external/visible fluid loss.
4. Discuss assessment and expected findings in a small bowel obstruction.
A patient with a small bowel obstruction could potentially present with abdominal pain and distention, flatulate, nausea/vomiting. The pain with a bowel obstruction may feel like "cramping" to the patient. When assessing the patient, the nurse may find hyperactive bowel sounds, distention, tenderness when palpating and decreased urinary output.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
What is causing the patient pain?
I would also ask the patient what the pain feels like?
Where the pain is located and if the pain radiates to other places?
I would have the patient rate the pain from 0-10.
How long the patient has had the pain?

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10/25/2021

6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
The lab values that were abnormal were the NA, Creatinine, H & H and WBCs.

7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
In order to confirm placement of the NG tube an XRAY should be used. The nurse could also use a syringe to check for gastric contents for placement.

8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
The patient is 52 y/o male reporting nausea, vomiting and severe abdominal pain for the past few days. Upon assessment, the patient's abdomen is distended, tender and patient has very low urine output. Skin turgor is poor with dry mucous membranes. Patient has been giving 1000mg acetaminophen for pain, Ondansetron for nausea/vomiting and has NG tube placed. Patient has also been given 500ml IV Bolus of NS. I recommend patient is seen and re-evaluated for hypovolemia and prevention of hypovolemic shock.

9. What would you do differently if you were to repeat this scenario? How would your patient care change?
I would have added more assessments such as temperature checks and skin assessments to further confirm the diagnosis. I would also re-check to see if the signs and symptoms had continued to get better by asking the patient follow-up questions.