

Medical Case 3: Vincent Brody

Guided Reflection Questions

1. How did the scenario make you feel?
 - a. The scenario made me feel better prepared to take care of a COPD patient in a hospital setting. I had missed a few things on the first scenario and repeated it and felt more confident on the second attempt.
2. When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities?
 - a. The immediate priorities are to sit the patient up, auscultate their lungs, assess oxygen saturation, and then apply oxygen if needed. Call the provider if the patient's status continues to change.
3. What assessment findings would indicate that the patient's condition is worsening?
 - a. A decreased oxygen saturation, pain in the chest, unequal chest rising, and increased shortness of breath. Also, if there are decreased breath sounds in just one side of the chest, that could indicate a pneumothorax.
4. Review Vincent Brody's laboratory results. Which results are abnormal? Discuss how these results relate to his clinical presentation and chronic disease process.
 - a. The patient's ABG analysis showed that he was in respiratory alkalosis with full compensation. This can explain why he was having shortness of breath as well as the chest pain.
5. What are safety considerations when caring for a patient with a chest tube?
 - a. A few safety considerations are to make sure the chest tube system is below the patient at all times, make sure there is no kink in the tubing, assess the dressing and skin around the chest tube insertion site, and continue to frequently auscultate the lungs as well as measure oxygen saturation.
6. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 - a. I would include the patient's symptoms that are occurring now, like the SOB, decreased oxygen saturation, the history of COPD, what my assessment findings are, and I would also recommend that the provider come see the patient or put in orders for oxygen.
7. What patient teaching priorities would be important in the patient experiencing an acute exacerbation of COPD?
 - a. I would teach the patient how to control their breathing with deep breathing, the use of incentive spirometry, and how to conserve their energy when they are getting up. I would also teach them that they need to avoid excess dust, smoke, and known allergies that could flare up their COPD. I would also teach them about getting enough nutrients. Patients with COPD tend to have a hard time eating because they are so short of breath.
8. For a patient with COPD who is stable, what resources would you recommend?

- a. I would recommend seeing a pulmonologist regularly and taking care of themselves overall. I will recommend cessation of smoking if they do smoke. I would also recommend taking medications as scheduled and immediately seeking help when they are having an exacerbation.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
- a. I would have watched the new orders from the provider more carefully. I missed giving the morphine before insertion of the chest tube, which lowered my grade.