

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
A: The scenario made me feel good about my critical thinking skills, as I feel like I prioritized what the patient needed.
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: Some symptoms that would make me suspect dehydration would be dry mucus membranes, decrease in urinary output, poor skin turgor, elevated hematocrit level, elevated BUN level.
3. Discuss signs and symptoms of hypovolemic shock.
A: Signs and symptoms of hypovolemic shock include hypotension, tachycardia, altered mental status, oliguria, pale cool extremities, tachypnea.
4. Discuss assessment and expected findings in a small bowel obstruction.
A: Possible expected findings would include distended abdomen, colicky abdominal pain, nausea and vomiting leading to dehydration, decreased urinary output.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
A: Some questions to ask would be where is the pain located, what does the pain feel like, how long has the pain been present, is there anything that relieves the pain?
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
A: Some abnormalities found were H&H was elevated, elevated WBC, elevated platelet count, elevated BUN/Cr, elevated PT, decreased chloride level.
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: The preferred method for confirming placement would be an abdominal x-ray.
8. 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 presenting details of the patient, the interventions performed (IV insertion, medications given, NG tube placement, x-rays, lab results), how the patient has been tolerating the interventions and any recommendations depending on how stable the patient has been throughout the shift.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
A: I do not think I would have done anything different in this scenario. After reading the orders and description of the patient I was confident on what to assess for when meeting the patient. I felt the patient care was adequate and patient care needs were met successfully.