

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
I was confident in my background knowledge of small bowel syndrome, but I was still nervous about treating it for the first time in real life.
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?
Some of the signs and symptoms that I can assess in a patient that is at risk for dehydration are dry skin, poor skin turgor, extreme thirst, poor urine output, dark urine, fatigue, and weakness.
3. Discuss signs and symptoms of hypovolemic shock.
Some of the signs and symptoms of hypovolemic shock are tachycardia, shallow breathing, confusion, poor urine output, decreased blood pressure, and clammy skin.
4. Discuss assessment and expected findings in a small bowel obstruction.
Some of the expected finding in a small bowel obstruction are abdominal cramping or tenderness, inability to have a bowel movement, overactive bowel sounds, quick pulse, increase in respirations, and presence of gas or fluids in the small intestines upon shown on x-ray/ct.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
The nurse should ask for history of present illness, causes of increased pain or discomfort, description and site of pain, as well as when the pain initially occurred.
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
Mr. Checketts had abnormal sodium, urea nitrogen, creatine, hemoglobin, hematocrit and wbc values.
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
The preferred method for confirming placement of the NG tube x-ray.
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
Some key elements that I would include in the handoff report would be his age (52 y-o male), presence of severe abdominal pain with n/v for the past few days, abdominal distention and tenderness, s/s of dehydration and decreased urine output.

9. What would you do differently if you were to repeat this scenario? How would your patient care change?

Personally, I would not change what I did. I believe I handled the situation appropriately.