

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?

The scenario didn't make me feel anything. It was very straight forward on what needed to be done and everything ran smoothly.

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?

Signs I may see if they are at risk for dehydration may be vomiting, diarrhea, polyuria, and many more. However, some of the signs I may see in a patient with dehydration are tachycardia, dry skin with poor turgor, dark urine, decreased urine output, dry mucosal membranes and more.

3. Discuss signs and symptoms of hypovolemic shock.

Some of the symptoms are anxiety, agitation, confusion, decreased urine output, rapid breathing, tachycardia, hypotension.

4. Discuss assessment and expected findings in a small bowel obstruction.

Some assessment findings are constipation, vomiting, abdominal cramping, abdominal distension, tachycardia, tachypnea, hyperactive bowel sounds and more

5. What key questions does the nurse ask in an acute abdominal pain assessment?

- If they have a history of bowel obstructions
- Can you describe the pain?
- Have you taken any pain medications and if so did they help?
- When was your last bowel movement?
- Have you been passing gas?
- Have you had any nausea or vomiting?

6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

Stan's abnormal labs were sodium, urea nitrogen, creatine, hemoglobin, 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?

The preferred method would be X-ray. You confirm placement by injecting air into the tube and auscultating over the epigastric region however this is not the gold standard.

8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

52-year-old male with abdominal pain, nausea/vomiting for the past few days. The patient has a confirmed small bowel obstruction with a distended abdomen that is tender with hyperactive bowel sounds.

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

The only thing I would have done differently is to get the IV started first and give the fluid bolus. Other than that the situation went well and I did all that I could.