

## Surgical Case 2: Stan Checketts

### Guided Reflection Questions

**1. How did the scenario make you feel?**

This assignment made me feel comfortable regarding following orders and assessing patient problems. I was able to navigate and prioritize what seemed necessary. I feel more confident in my ability to care for a patient on my own than I have in the past.

**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?**

Stan was exhibiting several symptoms related to risk for dehydration such as tachypnea, increased heart rate, vomiting, and his labs also reflected electrolyte imbalances.

**3. Discuss signs and symptoms of hypovolemic shock.**

Hypovolemic shock displays signs and symptoms such as increased heart rate, rapid breathing, low blood pressure, and weakness. Hypotension is the result of blood shunting to vital organs. Electrolyte imbalances are present because of failure of the sodium potassium pump and respiratory acidosis. Heart rate increases as an effort to try to pump more blood out.

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

An obstruction in the bowel will result in nausea and vomiting. Abdominal distention may also be present due to the inability of fluid or air to move through as it normally would. Severe pain and fever may also be a sign and indicate ischemia of the bowel.

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

When assessing the abdominal region of the patient the nurse should ask about the severity of the pain so that the most appropriate drug for management can be selected. It may also be important to verify exactly which quadrant the pain is occurring in and when it began. The nurse may inspect to verify notable distention.

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

When reviewing Stan's labs I noticed that the chloride and sodium were out of normal range. This is due to the excessive vomiting creating an electrolyte imbalance. The BUN and creatine were also off.

**7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?**

At the bedside air may be pushed through the NG tube and the nurse may listen to it pass through. NG tube placement can be verified by an abdominal x-ray which would ensure proper location.

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

During handoff report it would be important to include Stan's condition and his diagnosis. The oncoming nurse should be informed about the medications that have been given and Stan's care plan.

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

If I was to repeat this scenario I would be sure that I try to educate Stan as much as possible about his care and the plan for his recovery.