

## Surgical Case 2: Stan Checketts

### Guided Reflection Questions

1. How did the scenario make you feel? I felt good about going into the scenario because the orders were very clear and I had a plan for what I was going to do with the patient.
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? I should have done a genitourinary assessment first. Also, checking oral mucosa, skin turgor and blood pressure can be indicators of dehydration.
3. Discuss signs and symptoms of hypovolemic shock. Some signs of hypovolemic shock are, dehydration, dizziness, fatigue, thirst, weakness, nausea, vomiting, confusion, pallor, tachycardia. The patient described feeling dizzy and nauseous.
4. Discuss assessment and expected findings in a small bowel obstruction. Some signs of small bowel obstruction are, cramping, constipation, unable to pass gas, distended abdomen, nausea/vomiting. A GI assessment is an appropriate assessment to perform.
5. What key questions does the nurse ask in an acute abdominal pain assessment? How would the patient describe the pain, where is the pain and how severe is the pain on a scale from 1-10.
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find? His chloride levels and WBC were elevated.
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube? An abdominal X-ray and auscultation
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. The patient was hypovolemic due to excessive vomiting caused by small bowel obstruction, the patient is experiencing abdominal pain that is being controlled with morphine, the patient will likely have to go to surgery to correct the obstruction, continue patient on IV fluids and administer morphine and ondansetron PRN for pain and nausea. Monitor patient's I&O closely
9. What would you do differently if you were to repeat this scenario? How would your patient care change? I did not ask the patient if he was nauseous, I only asked about pain. Asking about nausea is important with this patient because the Ondansetron helps control vomiting which will help maintain the patient's fluid and electrolyte levels in a normal range.