

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?

- It made me feel a lot more confident to the knowledge I have been building up since module 1. I kind of figured what was wrong with my patient I just feel that I'm still unsecure in some stuff. It helped me realize to what I need to know for next time. This scenario makes me feel a lot more knowledgeable.

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?

- The symptoms I would assess for would be dry mouth & tongue, sunken eyes, irritable, nausea, muscle cramps, UTI, dry skin and lips, constipation, and headache as well as fatigue.

3. Discuss signs and symptoms of hypovolemic shock.

- They would be anxiety, agitation, cool, clammy skin, confusion, decreased urine output, generalized weakness, pale skin, rapid breathing, sweating, and moist skin. Maybe as well as abdominal pain, blood in the stool, and vomiting blood.

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

- Assessment findings would be crampy, loss of appetite, constipation, vomiting, swelling in the abdomen, and vomiting. Maybe they'll have inability to pass flatus.

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

- First, we would inspect the abdomen, auscultation, percussion, then palpation. We would then ask if they had any kind of pain that's severe from a rate of 1-10. Another question would be if they're vomiting, difficulty breathing, their bowel & urinary habits if they're considered normal, and if they're pain is radiating to another location.

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

- One that would be abnormal would be the complete blood cell count. It would be elevated with the left shift since there is obstructions going on. Serum lactate levels would be increased to are suggesting dehydration as well as maybe his sodium levels would be elevated demonstrating dehydration.

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

- To confirm placement of an NG tube would be by having an Xray done to the patient. We can also attach an empty syringe to the NG tube and gently flush with air to clear the tube and pull back to withdraw stomach contents.

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

- Situation: Patient is Stan, full code, I have assessed & inserted his IV. I gave him 500 ml of NS, administered medications which are morphine, ondansetron, and another one I can't recall. I inserted an NG tube, nasal cannula, and EKG monitor. We were concerned about dehydration in his case.

- Background: He is 52 years old. He is alert, awake, and LOC is great. He was just nauseated but we administered ondansetron. His oxygen was low, so we put a NC on him.

- Assessment: His problem is small bowel obstruction and dehydration. He will be needing surgery as he is NPO at this time. I assessed all his vital signs. He seems to be doing great at this point we stabilized him, and I gave him pain medication.

- Recommendation: I recommend him being NPO since he will be going to surgery anytime soon. Keep him hydrated with NS bolus and just checking up on him. All his labs were done. I suggest that you get consent ready for the surgery that will have to be done any moment.

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

- One thing I would do differently would be to sit my patient up since he was nauseated. He was lying flat, and I could've positioned him up right since he could aspirate with his vomit. That's a precaution I would change. Another thing I would do different is administer his medication for nausea, I didn't the first time. I saw the order, but I didn't administer it since he said he was ok, but I should actually give it to my patient to help them feel much better than what they are feeling.