

Surgical Case 4: Vernon Watkins

Guided Reflection Questions

1. How did the scenario make you feel?

This scenario was interesting. After reading the summary and looking at the orders, it seemed like it would be very routine and a stable patient. That quickly changed after assessing the patient, it became more urgent and more stressful.

2. Discuss your use of adjunct oxygen therapy for this patient, including why you chose a particular oxygen device, rate, and flow.

After my initial assessment, I applied a nasal cannula at 6L (the maximum for NC) when he complained of difficulty breathing because his O2 Sat was still around 92%. Once it became evident, he was having a PE, and his O2 Sat was dropping, I realized the NC was not enough. I switched to a non-rebreather and set it to 16L, the highest setting, and his O2 Sat began to increase back up to about 94%.

3. Discuss Vernon Watkins' arterial blood gas (ABG) analysis result and explain what caused this result.

Vernon's results indicated he has respiratory alkalosis with mild hypoxemia. The main thing that led to those results was his pulmonary embolus. The PE caused him to have shortness of breath, which made him breathe out more CO2. Hyperventilation caused his CO2 to decrease.

4. Discuss the use of a heparin nomogram (guideline for heparin titration) and safety related to this intervention.

Heparin is an anticoagulant so it can cause patients to be at risk for hemorrhage. Heparin requires a 2-nurse check and frequent monitoring of labs. Nurses must be draw labs prior to administering heparin and while during therapy to ensure that the patient is not increasing their risk of hemorrhage.

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

I would begin by discussing why the patient was admitted to hospital and what procedure and diagnoses have been done. After discussing his procedure, I would talk about how the patient is currently feeling, in this case it would be the difficulty breathing and pain in leg. I would then talk about the labs and the results of any tests I did during my shift. Lastly, I would talk about what I think should be done for the patient for the next step in their plan of care.

6. Discuss why Vernon Watkins may be at risk for right ventricular failure as a complication of his pulmonary embolism (PE).

He may be at risk for right ventricular failure because a PE causes strain on the right ventricle. Hypertension in the arteries increases the workload of the ventricle, overtime causing it to weaken and eventually fail.

7. Discuss how you would communicate with the patient in acute respiratory distress in this emergency situation and what effective communication techniques you would use.
I would nurse out loud. Education is also a priority, let them know what is going on and what I am doing as I am doing it. I would communicate very calmly, I do not want to add more stress to the patient.
8. Consider what would have happened if Vernon Watkins' family members had been present at the bedside, and describe how you would have supported them during this acute episode.
I think I would do that same thing in terms of communicating with the patient. Explain what is going on in a calm manner to not worry them as well.
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
I do not think I would do anything in terms of patient care differently. If I had known my patient was going to get heparin, I would have reviewed the heparin protocol to be better prepared.