Surgical Case 4: Vernon Watkins

Guided Reflection Questions

1. How did the scenario make you feel?

- It made me feel a little lost at first since I didn't know what was going on. I thought my patient was having a reaction to a medication since he couldn't breathe correctly. As the situation kept going, I then knew what was going on. It made me feel more knowledgeable at the end of the scenario because now I know what to expect for a patient with pulmonary embolism. There was a lot of steps to figure out but at the end it made me feel more smarter as I learned a lot.

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

- I chose to give my patient oxygen because it was a doctor's order and as I kept checking his orders, I saw he had requested it. Another reason why I chose to give it was because my patient was having problems with trying to breathe. I figured maybe the nasal canula was a great place to start off at since its not too high of oxygen and just to start my patient of slow. I decided to put him on 2 liters to see how he would handle his work of breathing with the nasal cannula. The flow helped my patient breathe much better and didn't need to turn it up any higher.

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

- They will show low levels as his results were in the lower levels. My patient will have hypoxemia and hypocapnia due to hyperventilation. He will also have increased alveolar arterial oxygen difference which is another result of what caused the pulmonary embolism. The patient will have respiratory alkalosis due to circulatory failure usually present in blood gases.

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

- It's used to standardize heparin therapy which will reduce delays in maintaining a therapeutic activated partial thromboplastin time result. It adjusted to maintain an aPTT at an intensity equivalent to heparin level. It's important to keep a delicate balance.

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

- S: Patient is Vernon, full code, I have assessed his IV site and gave heparin at 1400 u/ hr, put a nasal cannula at 2 L, put an EKG monitor & 12 lead, we were concerned about his difficulty breathing. I sat him up 30 degrees to help his breathing.

- B: He is 69 years old. Male, He is alert, awake, and LOC is great. He is coughing a little bit, he had trouble breathing to I checked his pulse ox and administered oxygen through nasal cannula at 2 L. He got a hemicolectomy surgery done in the past few days. He was having nausea, some pain rating it at a 3, but no vomiting.

- A: His problem was a pulmonary embolism, I administered heparin infusing per hr as well as did labs, EKG, spinal CT. I assessed his vital signs. He is now doing great and resting. I assessed his dressing and its dry, intact, with no bacterial infection at all.

- R: I recommend him resting and just taking things slow. Heparin is infusing right now. He got everything done so letting him rest to recover from the surgery he went through in the past few days. I would reassess him again to make sure his vital signs are within normal levels and to be on the safe side.

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

- There could have been a blockage of the arteries which supply's blood to the heart. Another risk the patient has is that his blood pressure was high it was over 120's. This will cause the pulmonary arteries to increase the workload of the right ventricle. This will cause more work to the heart.

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 communicate in a low tone voice and just being honest to tell my patient what's going on with their health. Some effective techniques I would use would be to active listen, help my patient seek clarification, accepting by using silence at times, and giving broad openings to my patients. I will pay close attention to them and give my patient the right to communicate and express their feelings to me. I will show back that I am listening to them and not interrupt them.

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.

- If they were at his bedside, I would always keep communication with his family. I will let them know what his situation is and what's going on. They have the right to know just as the patient. I would have supported his family by being attentive, being a good listener, and being present to them during my shift. I wouldn't ignore their presence I will help them and keep them updated to what's going and how they can help their family member get much better recovery.

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

- I would do differently my vital signs. I would listen to his lungs first before starting all the blood pressure cuff and checking his pulse. I think maybe hearing and seeing his chest would help me better view his situation. I will learn more upon doing this to what's going on with my patient instead of playing the guessing game. I would change my patient care by being attentive and always listening to the patient. If they say something hurts or they can't breathe I will always listen to what they feel. They are the ones who feel how they're body is reacting, so we need to always take that into important consideration.