

## Surgical Case 4: Vernon Watkins

### Guided Reflection Questions

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

It made me feel a little anxious because I wasn't able to move quickly like I would in real life. Also, I've never had a scenario like this in real life so I wasn't sure what I was supposed to do.

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

I chose a nasal canula, but if I had to do the scenario again, I would probably switch to something that could give more oxygen. I had the flow rate at 5 with humidification and the patient was still sat at 92.

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

Vernon's ABG results indicated respiratory alkalosis. This was due to how fast he was breathing. His respiratory rate was 24 meaning that he was breathing off too much carbon dioxide leading to alkalosis. He was probably breathing too fast due to his pain and the fact that he was mildly hypoxic.

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

In the scenario the physician ordered a bolus of heparin to be given and then for a drip to be hung. Before I gave the medication, I obtained baseline labs to determine the patient's coagulation. After administering the initial dose the doctor ordered another set of labs to be drawn in a few hours to monitor for effectiveness and therapeutic range.

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

S: Mr. Watkins is a 69-year-old patient who is recovering from a hemicolectomy

B: He was seen in the ER 4 days ago with complaints of nausea, vomiting, and severe abdominal pain. He was admitted for emergency surgery for bowel perforation. He has a midline abdominal incision and is tolerating a soft food diet. Abdominal pain is being controlled with morphine. He refused to ambulate because of a sore leg.

A: Patient is complaining of difficulty breathing and pain. Started nasal cannula at 4L to maintain O<sub>2</sub>sat above 92% and sat the patient up in bed. Also, I would give the results to the labs that were drawn.

R: What would you like for me to do?

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

A pulmonary embolism causes ventricular afterload to increase which is then worsened by hypoxemia. Once the right ventricle afterload reaches a critical level, dilation occurs and the left ventricle underfills which decreases blood supply to coronary arteries.

**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.**

If this happened in a real scenario I would talk to the patient as I was working to fix the problem. I would tell them why I was putting them on oxygen and if I was giving medications, I would explain the purpose. I would not leave the patient in the dark because that can sometimes make the patient even more stressed.

**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.**

As I was working to complete all the orders and help Mr. Watkin's breath better, I would explain what I was doing and why. I would also answer any questions.

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

Anything that I would change I did when I redid the scenario. I changed the order that I did somethings to fix the priority problem first.