

## Medical Case 4: Carl Shapiro

### Guided Reflection Questions

1. How did the scenario make you feel?

A: The scenario made me feel anxious going through it the first time as I have not completed a vsim scenario where the patient has coded before. After running through the scenario once and reading through the feedback provided at the end, I was able to understand the steps more clearly. Running through the scenario again, I felt more comfortable and confident in my choices and felt good after ending the scenario the second time.
2. What could have been the causes of Carl Shapiro's ventricular fibrillation?

A: The patient could have experienced a myocardial infarction when first presented to the ED or myocardial ischemia which could have placed the patient's heart under stress and potential damage on the heart.
3. When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?

A: Some indicators are that quality compressions are being given to the patient which are 30 compressions and 2 ventilations with compressors switching out after each 30 compressions, the compressions are being given with good depth and waiting for chest recoil before administering another compression.
4. Discuss safety aspects during defibrillation.

A: Some safety aspects during defibrillation would include clearing the patient while scanning the rhythm, clearing the patient and bed prior to delivering a shock, shouting clear prior to administering the shock, and ensuring no oxygen delivery devices are on bed or patient prior to administering shock.
5. If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?

A: Next intervention would be to continue providing oxygen to the patient via ventilation and reassessing the EKG monitor for cardiac rhythm.
6. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

A: Situation: Presented to ED c/o chest pain, diaphoresis, SOB diagnosis acute myocardial infarction. Background: HTN. Assessment: Received Nitroglycerin and ASA in ED, peripheral IV with fluids running, Morphine available for patient if chest pain returns, went into V-fib and cardiac arrest, resuscitated successfully. Recommendations: Provider would like to be notified once most recent lab results are back, continue to monitor EKG and vitals.
7. If Carl Shapiro's family members had been present at the bedside during the arrest, describe what you could have done to support them during this crisis.

A: Let them know in very short detail what is going on and see if a co-worker or aid could escort the family member outside the room and be with the family member while the code was going on. Once the patient was successfully resuscitated and stable, I could explain exactly what happened and why it happened and inform the family member of the plan moving forward. I would also allow the family member time to express their feelings and concerns if they wished to.
8. What would you do differently if you were to repeat this scenario? How would your patient care change?

A: I did have to repeat the scenario the second time as I did not give adequate care during the scenario the first time. Some things I did differently the second time was applying the AED pads immediately once the patient went down and allowed the rhythm to be assessed and a shock provided before starting CPR. I also did not switch out compressors the first time, so that was something I implemented the second time. Applying the nasal cannula once the code was completed, which I learned will not be the best oxygen delivery method at that time and I should continue to ventilate the patient immediately following the code.