

Meredith Edwards

April 6, 2022

SIM Reflection

Today during our SIM, we reviewed two case studies. The first case we reviewed was about a 35-year-old male that has a history of asthma, is a current smoker and is diagnosed with hypertension. The current vitals for the patient were high blood pressure, high respiratory rate, low O2 sat, slight temperature, and high pulse. The priority of care with this patient would be helping with current breathing difficulties. The first nursing intervention you could do would be sitting the patient up to help breathing and then contacting the doctor for an order for oxygen. The medications that need to be prescribed are oxygen, bronchodilator, and corticosteroid. My group had concerns about the high blood pressure because of potential for hypertensive crisis, but this is not the priority of care. We were reminded that it is always airway first. The current labs that were concerning with this patient were the neutrophils, glucose, and slight elevation of the creatinine. We were taught that there is a good possibility that the stress and level of anxiety of the patient due to the difficulties of breathing could cause the labs to be elevated. We were reminded that the patient's level of stress can affect many things and it is always important to consider this. We were asked what possible diagnosis this patient may be presenting with, and the given answer after we brainstormed was left sided heart failure. To help determine this the nurse would need to look at the current BNP lab value. We were then asked what the chest X-ray may look like and what would we expect to see. My group was suspicious that we may find fluid, but the main finding was to look at the enlarged heart. We learned that the lungs would sound diminished when breathing in and crackles as they breathed out. The patient then presented with cyanosis, which indicated hypoxia. The lesson we learned with this is as the nurse you pull the cord to get help- especially charge nurse, call the doctor, and call a code. The second case that we studied was about a 55-year-old female that has a history of colectomy with a colostomy that presented with nausea and vomiting, with a distended firm abdomen. We processed this case and determined that the lab values that are of importance with this patient are the WBC due to possible infection and electrolytes due to effects to the heart and kidneys. When finished this SIM by presenting a SBAR to a doctor. The main thing that I learned from this SBAR is that we were on the right track of what could be wrong with the patient, but it is of the utmost importance to never tell the doctor what a diagnosis is. You should always ask what they want and suggest things to them. I was also reminded that having thick skin as a nurse is essential and to not take things personally.