

## Guided Reflection Questions for Surgical Case 2: Stan Checketts

### Opening Questions

#### How did the scenario make you feel?

Performing this scenario, I felt very organized. I planned my care before entering the patient room. This allows me to treat the causes firsthand. The plan allowed perform the first initial action by relieving some pain the patient was experiencing. This included nausea management too. As I preform this first, I can provide the most invasive task later. Least invasive to most invasive.

### Scenario Analysis Questions\*

**PCC/EBP/S**      **When reflecting on the care of Stan Checketts, what are signs and symptoms you can assess in the next patient you care for who might be at risk for dehydration?**

The patient was already showing signs of decreased skin turgor. This is an indication of dehydration. His oral intake was NPO, which means nothing by mouth. The patient was vomiting too and had a decrease in urine output the last few days. He had a dry mucosa and felt "dizzy" on assessment.

**EBP/QI**      **Discuss signs and symptoms of hypovolemic shock.**

The signs and symptoms of hypovolemic shock is low blood pressure, decreased urine output, generalized weakness, rapid heart rate, and increased respirations.

**PCC/EBP**      **Discuss assessment and expected findings in a small bowel obstruction.**

The patient on assessment had abdominal swelling. He also had nausea, vomiting, and dehydration. He had pain in his abdomen and had more output than input.

**PCC/S/I/EBP**      **What key questions does the nurse ask in an acute abdominal pain assessment?**

When assessing a patient with acute abdominal pain you ask what caused the pain, what does it feel like and provide a description, where is the pain located, what is the pain on a scale from 0-10, and when did the pain start and what were you doing when the pain started?

**PCC/EBP/S** In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

The abnormal labs were his sodium, urea, hemoglobin, creatinine, hematocrit, and WBC.

**PCC/EBP/S** Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?

To confirm the placement of a NG tube is to do an X-ray. Which I should of provided for the patient.

**T&C/EBP/S/PCC** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

Patient name, age, and reason of admission. This would be abdominal pain, nausea, and vomiting for the last few days. On assessment the patient has a distended abdomen with poor skin turgor. He has dry mucosa membranes and has not urinated in a few days. The recommendation is to provide IV fluids, pain management, NPO, etc. If recommendations were needed.

### **Concluding Questions**

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

Just to remember to do an X-Ray to check placement of the NG-tube. It is the golden standard. What I would change for my patient is to document everything in the EMAR and provide specific education to each medication. Not just teach about why normal saline is given.

Grade: 95%