

Guided Reflection Questions for Surgical Case 2: Stan Checketts

How did the scenario make you feel?

I felt pretty good during this scenario. I was able to use my critical thinking skills while following orders and it was great to be able to see a situation like this play out.

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?

Irritability, turgor, headache, nausea, fatigue

Discuss signs and symptoms of hypovolemic shock. fatigue, clammy skin, confusion, oliguria, weakness, pallor, tachypnea, tachycardia, hypotension

Discuss assessment and expected findings in a small bowel obstruction. Decrease in appetite, abdominal pain, constipation, vomiting

What key questions does the nurse ask in an acute abdominal pain assessment? Have you had any nausea or vomiting? Have you had changes in appetite? Do you have any abdominal pain? Do you have any changes in bowel patterns? What medications are you taking?

In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find? Elevated hematocrit, elevated pH, elevated HCO₃

Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube? The preferred methods are auscultation with air and an x-ray

What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. I would include why the patient came in, the history of vomiting the past few days and oliguria, how his abdomen and skin presents, and the orders he has put in currently.

What would you do differently if you were to repeat this scenario? How would your patient care change? The only thing I would change is making sure to recognize my priority actions for this patient. I was slow to do the things that I probably should have done first.