

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

### Opening Questions

How did the scenario make you feel?

*I felt determined to help find this patient's diagnosis and get him the help that he needed which was surgery. I wanted to make him as comfortable as I could because of the pain he was in.*

### 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?

*Nausea, vomiting, poor skin turgor, dry mucous membranes, weakness, decreased urinary output, dizziness*

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

*Tachycardia, hypotension, change in mentation, cool/clamy skin, pale, tachypnea, oliguria/anuria*

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

*Abdominal distention, tenderness upon palpation, hypoactive or absent bowel sounds, constipation, decreased flatulence*

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

*Where is the pain? On a scale of 1-10 how bad is pain? Does the pain radiate? Can you describe the character of the pain (i.e. sharp, dull, pressure)? Have you had any nausea, vomiting, diarrhea, constipation?*

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

*Elevated sodium and chloride, elevated BUN/Cr., elevated H&H 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?

*You can listen at epigastric region and shoot air into tube while auscultating. Gold standard is to get X-ray to confirm placement.*

**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 here today reporting abdominal pain, nausea, vomiting, weakness, dizziness. He has history of hernia and appendectomy. Diagnostics today show small bowel obstruction and severe dehydration with acute kidney injury. Patient is NPO and is awaiting surgical intervention. He has just received 2mg Morphine and 4mg Zofran. I have started 500 NS bolus and inserted NG tube. Patient is tachycardic and hypotensive. He started desating*

*upon assessment so he is currently on 3L NC. Patient has known allergy to Demerol.*

### **Concluding Questions**

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

*I would reassess the nausea after giving Zofran time to work. I would like to change the way that I did the order of things. Vital signs first as I did, then give nausea and pain meds if stable. After I could assess my patient's abdomen when he was more comfortable.*

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\* The Scenario Analysis Questions are correlated to the Quality and Safety Education for Nurses (QSEN) competencies: Patient-Centered Care (PCC), Teamwork and Collaboration (T&C), Evidence-Based Practice (EBP), Quality Improvement (QI), Safety (S), and Informatics (I). Find more information at: <http://qsen.org/>