

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

This scenario made me feel overwhelmed because I had to do it so many times to get it right. I did really like it though because it challenged me. Everything happened pretty fast and I did not expect to have to do CPR on the patient.

Scenario Analysis Questions*

PCC What could have been the causes of Carl Shapiro's ventricular fibrillation?

Smoking daily, obesity, hypertension, and heart disease in the family could have all been factors of the patient's ventricular fibrillation. It could have also been caused by the elevated troponin and CK-MB levels.

EBP When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?

Some quality indicators that you are performing resuscitation correctly are if the patient starts breathing again or you get a pulse again. To perform resuscitation correctly you should give a compression to ventilation ratio of 30:2 and make sure to let the chest to fully recoil.

S If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?

My next interventions would be to give oxygen to support the patient, manage the hypertension with fluids and medications, monitor vital signs, and obtain a new set of labs.

PCC What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

54-year-old male came into the ED for complaints of chest pain with diaphoresis. The patient was being assessed and having vital signs taken. The condition of the patient changed, and he went into V-fib. Emergency protocol took place and CPR and AED was used before ROSC. The patient is now out of v-fib and he is stable. We need to continue to monitor on telemetry and provide education to the patient.

Concluding Questions

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.

If the patient's family was there at the bedside during the patient's arrest, I would have given them a brief explanation of what was going on and then asked them to step out into the hallway. I would update them as soon as I could about the patient's stability and condition.

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

If I could do something differently it would be to treat the patient correctly the first time instead of having to redo it. I struggled mainly with not being prepared and not prioritizing my care. Once I finally got the hang of it, I gave the patient the best care for the scenario.

* *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/>*