

## Guided Reflection Questions for Medical Case 4: Carl Shapiro

How did the scenario make you feel? I was already a little uneasy going into this scenario, because I knew from reading the chart that this patient was going to be in a critical state. When the patient started to go unconscious, I became more nervous and almost forgot to look at the heart waves on the ECG. Once I noticed what was happening, I jumped into action and began resuscitation. It was a bit chaotic and messy my first attempt, but after a couple more tries, I got the scenario down. Once I was done, I felt good knowing I had saved this patient and learned how to effectively apply resuscitation measures to a patient.

What could have been the causes of Carl Shapiro's ventricular fibrillation? A few risk factors that Carl Shapiro had was hypertension, obesity, and the injury to his heart.

When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly? There is a 30:2 compression to ventilation ratio and compressions are at a depth of two inches. Compressions are hard and fast at a rate of 100-120/min. CPR is minimally interrupted and the AED is being used as well.

If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be? I would make sure to thoroughly assess the patient including their oxygenation and cardiac system. I would also call the provider immediately and treat any symptoms the patient has.

What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. Carl Shapiro came in for chest pain and other symptoms of an MI. He has received treatments of aspirin and two doses of nitroglycerine. His pain went away after these treatments. The patient went into ventricular fibrillation and CPR was initiated. I would recommend close monitoring of the EKG and cardiac system and making sure that any pain is treated.

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. I would immediately escort them out of the room and tell them I will be out to see them as soon as we help their family member. After the arrest, I would explain what happened and allow them to express any feelings to me while offering my support.

What would you do differently if you were to repeat this scenario? How would your patient care change? I would start off by doing things at a faster pace as an MI is a very serious situation. I would also take a second to take a breath and gather my thoughts before continuing.