

Doris Bowman Reflection

I felt confident until she began to react to the morphine. It took me a few tries to get down the exact order of doing the interventions in a serious situation as this one.

I would have given another dose in 5 min. Of Naloxone. Next, I would get the dr. There as soon as possible.

PACU discharge readiness is when the patient is awake, oriented, and stable vitals with no signs of respiratory distress.

Doris Bowman is a 39 yr old female that just had surgery under anesthesia to do a total hysterectomy with bilateral salping-oophorectomy. She had a pain level of 6 so I gave her 2mg of morphine. She had an immediate reaction to the morphine. She wouldn't respond and her respirations went down to 6 so I called for help with the positive pressure breather and gave Naloxone 0.2mg. She awoke and was alert and oriented with stable vitals. The Dr. Is aware and on his way, but continue to monitor her for any signs of respiratory distress and closely monitor her vitals and pain.

If the reaction had continued despite the Naloxone Mrs. Bowman could have become more and more acidic and seizures as well as death could have been the outcome.

I would have explained to the patients family that she had a reaction to the morphine and that Naloxone is an antidote to reverse the effects. I would assure them that this reaction is common and that she would be taken care of with urgency and safety.

I would make sure I was prepared with the antidote at the bedside and I would get the BVM going as soon as I noticed her respirations decreased to the 6 and I would make sure I had the right amount of O2 on as well as stopping it as soon as she recovered her respirations to avoid the risks with over ventilating.

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