Quiz Results

Quiz Name
2021vSIM_PreQ_Vwatkins

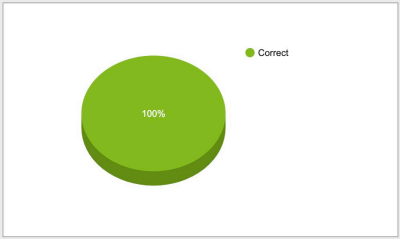
Completed Date
2022-06-01 12:47:58

Quiz Completed in
00:08:34

Total Questions
8

Questions Answered
8

Answered Correctly
8 (100.0%)



Quiz Answers

1 The nurse knows that death from an acute pulmonary embolism commonly occurs within how many hours after the onset of symptoms?

Time Spent - 00:00:39

Your Response: 1

Rationale: Death for acute pulmonary embolism (PE) commonly occurs within one hour after onset of symptoms.

Vernon Watkins

Adm on	5/28/2022
Date of birth	4/9/1953
Age	69
Gender	Male
Diagnosis	Postoperative Hemicolectomy

Your main opportunities for improvement

- You should have assessed the pain level.

Basic view | **Detailed view**

Simulation time: 30:00 Mins

		You introduced yourself.
✓	0009	You washed your hands. To maintain patient safety, it is important to wash your hands as soon as you enter the room.
✓	0100	You sat the patient up. It is correct to do so.
!	0117	You identified the patient. Consider doing this as one of your first actions after washing your hands.
✓	0137	You attached a 3-lead ECG. It is correct to attach the monitor to the patient.
✓	0148	You checked the radial pulse. The pulse is strong, 105 per minute and regular. It is correct to assess the patient's vital signs.
✓	0217	You attached the automatic noninvasive blood pressure (NIBP) measurement cuff. This will allow you to reassess the patient continuously.
✓	0231	You attached the pulse oximeter. It is a good idea to monitor the saturation and pulse here. This will allow you to reassess the patient continuously.
✓	0242	You checked the temperature at the mouth. The temperature was 99 F (37 C).

Retry

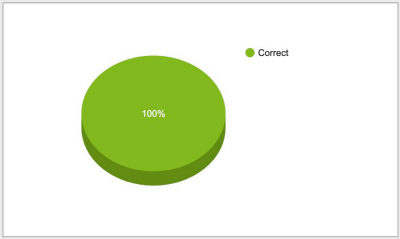
1 ✗ ○ ○
0 ✗ ✗ ○
0 ✗ ✗ ✗

93%
SCORE

Continue

Quiz Results

Quiz Name	**Completed Date**
2021vSIM_PostQ_VWatkins	2022-06-01 13:39:36
Quiz Completed in	**Total Questions**
00:03:06	10
Questions Answered	**Answered Correctly**
10	10 (100.0%)



Quiz Answers

1. **Vernon Watkins was originally admitted through the emergency department with a diagnosis of bowel perforation. Complications of bowel perforation can include peritonitis. Which of the following are hallmark signs of peritonitis for which the nurse should assess?**

Time Spent - 00:00:43

Your Response: Diffuse pain with rebound tenderness

Guided Reflection Questions for Surgical Case 4: Vernon Watkins

Opening Questions

How did the scenario make you feel?

The scenario made me feel confident regarding the priority order in completing the new orders that I received after "calling the provider" when current orders and interventions were not resolving my patients difficult and painful breathing.

Scenario Analysis Questions*

PCC/EBP/S Discuss your use of adjunct oxygen therapy for this patient, including why you chose a particular oxygen device, rate, and flow. I first started with 4 L nasal cannula to try and help my patient, but after reviewing the ABG and seeing the patient had a low CO2 I changed to a nonrebreather so that he could retain what CO2 that he currently had.

PCC Discuss Vernon Watkins' arterial blood gas (ABG) analysis result and explain what caused this result. The patient was respiratory alkaloses because the pulmonary embolus was causing him to be tachypneic and hyperventilating which caused him to have a low CO2 level. This hard work of breathing and the pulmonary embolus was causing him chest pain and difficulty breathing. His body was trying to compensate.

S/EBP Discuss the use of a heparin nomogram (guideline for heparin titration) and safety related to this intervention. Heparin suppresses coagulation by helping antithrombin inactive clotting factors. It is important to monitor therapeutic level of heparin with aPTT and to watch for complications such as bleeding, hematomas, bruising. HIT is a potential complication adverse effect that is a potentially fatal immune-mediated disorder characterized by reduced platelet counts and a seemingly paradoxical increase in thrombotic events. The underlying cause being a development of antibodies against heparin-platelet protein complexes. Monitor platelet counts closely to prevent secondary ischemic injury.

PCC What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. Mr. Watkins was given a heparin bolus of 6400 units IVP is on a heparin drip going at 1440 units/hour due to pulmonary embolism found on a CT spiral after the patient was complaining of chest pain and difficulty breathing after surgery. Patient was here for surgery that was performed and is post op. Patient declined getting out of bed post op and required encouragement from his wife to use the incentive spirometer. Patient has been educated regarding the importance of ambulation and his risk of future pulmonary emboli and potential for pulmonary hypertension. He is now rating his pain a 3 out of 10 after interventions were performed and we used 10 L Non-Rebreather mask to maintain his SaO2 above 92% because he was respiratory alkaloses until we placed him on the heparin drip. He had swelling in his leg that has now resolved. I recommend placing SCD pumps on his lower extremities. Keep patient on bed rest in a semi-fowlers

position to facilitate breathing. Monitor lab work regarding aPTT and D-dimer if ordered per Heparin protocol.

PCC Discuss why Vernon Watkins may be at risk for right ventricular failure as a complication of his pulmonary embolism (PE). Recurrent pulmonary emboli gradually cause a reduction in the capillary bed and eventually pulmonary hypertension. Dilation and hypertrophy of the right ventricle can develop secondary to pulmonary hypertension.

PCC Discuss how you would communicate with the patient in acute respiratory distress in this emergency situation and what effective communication techniques you would use. Carefully explain the situation, the medications, and provide emotional support and reassurance to help relieve the patient's anxiety. Remain calm and continuously provide education regarding his/her treatment.

Concluding Questions

Consider what would have happened if Vernon Watkins' family members had been present at the bedside, and describe how you would have supported them during this acute episode.

I would calmly explain and educate on every action as I was taking it to be able to perform my tasks in a timely manner but also keep the family calm and involved as well. I would allow them to remain in the room until the patient was stabilized.

What would you do differently if you were to repeat this scenario? How would your patient care change? I would have asked about pain again after applying the supplemental oxygen the first time because it would have helped me to change to the non-rebreather mask more quickly.