Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

The scenario was much calmer then the last one. I felt I was fulfilling a checklist rather than reacting to changes. The patient was stable most of the scenario

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?

Assess mucus membrane, skin turgor, skin color and temp, assess pulses, BP, history of nausea, excess urine, or diarrhea, cap refill, heart rate

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Increased heart rate, weak pulses, increased respirations, low bp, and as decompensation occurs, respirations and heart rate will decrease.

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

Distended abdomen, abdominal pain, hyperactive bowel sounds, lack of stools or flatulence

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

can you describe the pain, where is the pain, when did it start, is there anything that makes it better or worse, is it constant or intermittent, scale of 1-10?

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

Elevated ph and hco3. Elevated hematocrit

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?

`

x ray to check placement. Or auscultate while you blow air in

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.

Mr. Checkett was admitted with dizziness, excess vomit, and abdominal pain. Upon assessment his HR was elevated, and he had dry mucus membranes and cool pale skin. His abdomen was distended, and he had hyperactive bowel sounds. He has a history of a hernia repair and appendectomy. The patient should be given fluid and prepared for procedure. Assess patient frequently to ensure fluid status is maintained.

Concluding Questions

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

I would probably put him on an automatic BP cuff instead of taking his BP intermittently.

** 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/*