

## Guided Reflection Questions for Surgical Case 2: Stan Checketts

### Opening Questions

How did the scenario make you feel?

I felt calm during this 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?

I can assess the electrolytes and CBC along with the vital signs of my patient. I can also assess skin turgor.

**EBP/QI** Discuss signs and symptoms of hypovolemic shock.

Some S/S of hypovolemic shock are excessive sweating, cool/clammy/pale skin, and decreased LOC. There also could be decreased hemoglobin and O<sub>2</sub> and increased respirations and heartrate.

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

Upon assessing the abdomen and talking with the patient, you may find abdominal bloating, cramps, nausea, vomiting, dehydration, malaise, and hyperactive bowel sounds

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

Where does it hurt? What does the pain feel like and does it move? When was their last BM? Are they passing gas? What makes the pain worse? Does anything make it better?

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

Most of his electrolytes were high and his hematocrit was also high.

**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?

Aspiration of gastric contents and test the pH or get a chest x-ray

**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.

Stan Checketts has a small bowel obstruction so he is in pain and nauseated. He has been vomiting over the last several days so he is dehydrated and could go into hypovolemic shock. I gave him a fluid bolus of 500mL and placed a NG tube attached to suction. I would monitor his pain, dehydration status, and electrolyte balance.

## Concluding Questions

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

I would finish getting the vital signs before I began my other interventions and I would call the provider to request orders before getting a 12 lead EKG.S

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\* *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/>*