

Guided Reflection Questions for Medical Case 3: Vincent Brody

Opening Questions

How did the scenario make you feel?

Whenever Mr. Brody stated he was having chest pain I was very concerned he could be having a heart attack but once I listened to his lungs I noticed something wasn't right and called the provider. During that moment I felt anxious but as I followed the steps, I felt were correct I started feeling better about it.

Scenario Analysis Questions*

- PCC** When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities? **Get vital signs, provide oxygen, and make sure head of the bed is semi-fowlers.**
- PCC** What assessment findings would indicate that the patient's condition is worsening? **SpaO2 dropping, LOC changes, cyanosis around lips and hands, diaphoretic, and chest tightness.**
- PCC/I** Review Vincent Brody's laboratory results. Which results are abnormal? Discuss how these results relate to his clinical presentation and chronic disease process. **First thing I noticed was his hematocrit was elevated which is due to his COPD. The ABGs indicated respiratory acidosis. After the chest tube insertion, the ABGs results indicated there was compensation leading to the pH getting back to normal.**
- PCC/S** What are safety considerations when caring for a patient with a chest tube? **Monitoring vital signs, frequently checking tubing, and dressing site.**
- PCC/S** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. **Vincent is a 67 y/o, male, admitted for COPD. He is on 2 L, Nasal cannula, and his SatO2 is at 94%. He has an IV on his right hand, NaCl in 5% dextrose and normal saline are infusing at 100mL/hr. He has a productive cough. Last year he had 2 exacerbations from his COPD. For 50 years he has smoked 2 packs a day. He has a barrel chest and clubbed fingers. Patient was administered albuterol 2.5 mg in 3 mL normal saline via nebulizer every 20 mins x 3 doses. Patient suddenly stated he had chest pain. Provider was called and orders for chest tube were added. Patient was given 2 mg of morphine IVP. Then chest x-rays were provided before and after chest tube insertion. Chest tube was placed correctly by provider. After re-assessment patient stated feeling ok.**

Concluding Questions

What patient teaching priorities would be important in the patient experiencing an acute exacerbation of COPD? **Teach patient smoking cessation, relaxation techniques, deep breath techniques, nutrition, and rest.**

For a patient with COPD who is stable, what resources would you recommend? **Transportation programs for follow up appointments, programs to assist with medication payments, and support groups.**

What would you do differently if you were to repeat this scenario? How would your patient care change? **Any time patient states something is wrong make sure to listen to the patient and provide focused assessment. After medications and procedures make sure to re-assess patient frequently to make sure they are doing ok.**

** 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/>*