

## Guided Reflection Questions for Medical Case 3: Vincent Brody

### Opening Questions

How did the scenario make you feel?

**In the beginning I felt relaxed because I thought the patient would not have any complications beside maybe adjusting his oxygen flow rate. When the patient started complaining of chest pain, my initial reaction was thinking cardiac not a pneumothorax.**

### Scenario Analysis Questions\*

**PCC** When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities? **Main priority is protecting the patient's airway and circulation. Adjust the head of the bed to sit the patient up right to help with lung expansion. Reassess the patient's vital signs and try to locate the cause of sudden change. Notify the provider and never leave the patient alone.**

**PCC** What assessment findings would indicate that the patient's condition is worsening? **I would see a sudden decrease in the patient's oxygen saturation, LOC, and vital signs. The patient complained of sudden chest pain and shortness of breath which let me know he had a sudden change in status.**

**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. **The patient's ABGs before the chest tube showed Respiratory Acidosis, they did improve after chest tube placement.**

**PCC/S** What are safety considerations when caring for a patient with a chest tube? **Assessing the site and dressing. Skin assessment on the patient. Checking for kinks in the tubing and monitoring the drainage system. Monitoring the patient's vital signs for any changes.**

**PCC/S** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. **I would include the patient's name, age, medical history, and reason for admission. Patient has a history of COPD and 50yr history of smoking two packs a day. Patient complains of a continuous cough. I would give report of what medications he is on and what I gave, such as his IV running, I gave albuterol 2.5mg via nebulizer with no improvement of his cough. The patient complained of sudden chest pain and shortness of breath, upon assessment it was found the patient developed a left pneumothorax. Provider was notified, consent signed, morphine 2mg given and chest tube was placed. Post chest tube placement the dressing was clean, dry, and intact and patient's vital signs stable. Patient was educated on chest tube placement. Recommend reassessing/monitoring the patient's vital signs and chest tube and notify the provider of any changes.**

## Concluding Questions

What patient teaching priorities would be important in the patient experiencing an acute exacerbation of COPD?

**Teaching the patient about smoking cessation, proper nutrition to aid in healing.**

For a patient with COPD who is stable, what resources would you recommend?

**Pulmonologists follow up, medication compliance and support groups for COPD management such as COPD Foundation and American Lung Association.**

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

**I kept forgetting to listen to the patient once he would complain of chest pain and shortness of breath. I need to always assess the patient with any change so I can see what it is going on as well as obtaining vitals. I would recognize the drop in oxygen and adjust the flow rate as necessary which I missed on the first scenario. I also forgot to get the consent sign and get a chest x-ray before the chest tube placement. I will pay closer attention to my orders and what order I am doing them in.**

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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/>*