Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase
How did the scenario make you feel?

I enjoyed doing this scenario because it helped me critically think while caring for a patient that is coding. I was able to think through the appropriate steps to take while providing the patient with the most effective care. I also felt like it gave me a better understanding of the priorities the nurse should have when their patient codes.

Scenario Analysis Questions*
PCC What could have been the causes of Carl Shapiro's ventricular fibrillation?

Carl Shapiro's history of uncontrolled blood pressure, smoking, or family history could have been factors that caused inadequate blood flow to the heart and poor oxygenation. Based on this, Carl could have experienced a myocardial infarction which could have caused his ventricular fibrillation.

EBP When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?

Quality indicators that resuscitation is being performed correctly include a compression rate of 100-120/min, allowing the chest to fully rise between compressions, avoiding leaning on the patient's chest, and not using excessive ventilation.

S If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?

Ensure that the patient has proper oxygenation, monitor the patient's vital signs, and draw labs as needed.

PCC What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

Pt went into V-Fib at 1340. CPR and defibrillation were used and successful. Pt has history of smoking and obesity. On most recent labs, pt's troponin and CK-MB levels were elevated. Needs continuous monitoring of vital signs and lab values.

Concluding Questions
If Carl Shapiro's family members had been present at the bedside during the arrest, describe what you could have done to support them during this crisis.

I would have calmly asked his family if they would leave the room while the team tries to care for the patient. If they did not wish to leave the room, I would kindly ask them to step back from the bed and if I was not participating in the code, I would educate the family on the procedure and provide them with support and answer any questions they had. If I were participating in the code, I would ask another healthcare worker to sit and speak with the family.

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

If I were to repeat the scenario, I would be quicker to detect when the patient began experiencing difficulty breathing and instantly call the code team. I would also perform quality CPR quicker to ensure my patient is receiving the best quality of care.

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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/