

## Guided Reflection Questions for Surgical Case 3: Doris Bowman

### Opening Phase

How did the scenario make you feel?

- I enjoyed it and felt like I know what to do or expect when caring for a patient with opioid intoxication.

### Scenario Analysis Questions\*

**S/PCC** What further intervention would have been required if naloxone hydrochloride (Narcan) had not been effective in this case?

- Performing CPR, calling RRT and physicians

**PCC/EBP/S** Discuss readiness for discharge from PACU criteria.

- Patient must be awake, alert, oriented, and pain-free.
- Patient must have a patent airway, good respiratory function, and stable vital signs.
- Patency of tubes, catheters, IVs.
- Reassurance of surgical sites.

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

- 39-year-old female, Diagnosis: Immediate Postop. Abdominal Hysterectomy with bilateral salpingo-oophorectomy with general anesthesia.
- Has abdominal incision covered with 4x4 gauze dressing with no drainage, IV 5% KCL with NS infusing at 125 ml/hr.
- Estimated blood loss 400 ml, has foley catheter placed with 200 ml urine output.
- Complained of pain (level 6) and given 2mg of morphine.
- Had opioid intoxication and given 0.2 mg of naloxone.
- Patient is awake, alert, and stable, and vital signs are within normal range with NC 2L/min.

**S/PCC** What further complications could have occurred if the respiratory depression had not resolved?

- If not resolved, the patient may develop hypoxia, hypoxemia, decreased tissue perfusion, organ dysfunction, and death.

## Concluding Questions

If Doris Bowman's family members had been present during the scenario, describe how you would support them when her condition deteriorated.

- I would frequently inform them about patient conditions, and I would make sure to answer their questions, concerns, and needs. Furthermore, I would get up-to-date information on what the physicians and nurses are doing for the patient and educate them about morphine pain medication. I would tell them that respiratory depression is one of the common side effects of morphine and that every patient has a different reaction while on the medication. Some developed severe respiratory depression, and some tolerated it well. Additionally, I would reassure them that we are going to take care of the patient.

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

- If I were to repeat, I would give a low dose of morphine. Instead of giving 2 mg, I would give 1 mg and see how the patient manages it. If the patient pain level decreases after the administration and she doesn't develop opioid intoxication, I would give another dose in an hour or later since it is to provide 2 mg every 4 hours. Also, I would ensure I have BVM at the bedside and know when to call for help.

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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/>*