Guided Reflection Questions for Surgical Scenario 1: Marilyn Hughes

Opening Phase

How did the scenario make you feel?

The scenario was helpful, and reinforced what I learned in the classroom about compartment syndrome.

Scenario Analysis Questions*

PCC/EBP/S How would you recognize that Marilyn Hughes' condition was deteriorating?

Her pain level was eight even after giving 6 mg of morphine sulfate and feeling numbness on her left foot.

PCC/S What interventions exist to alleviate compartment syndrome, and what assessments indicate improved perfusion to the extremity?

We can do frequent neurovascular assessments and elevate the affected leg to the heart level to promote perfusion. Also, we can do fasciotomy if the conservative measures do not relieve pain and restore tissue perfusion.

EBP/S/PCC Why is it important to maintain the limb at heart level versus elevating it above heart level?

The limb should be elevated at heart level but not higher than heart level because it is essential to maintain arterial perfusion and prevent further accumulation (ischemia) in the affected limb.

PCC/EBP/S What could have happened in this scenario if Marilyn Hughes' condition was not treated expediently?

If not treated, she may develop ischemia at her left leg and eventually may lose her leg.

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

45-year-old female, admitted for left-mid-shaft tibia-fibula fracture. Had open reduction with internal fixation (ORIF) and returned from surgery 1345 with a below-the-knee ace/splint dressing. She has an IV of lactated ringer solution infusion at 75 ml/hr and her postoperative vital signs are BP 130/82, HR: 88, RR: 16.

Shortly, she complained about pain and was given morphine 6 mg IV at 1415. In further assessments, she stated her pain level being 8 after administration of morphine, vital signs are elevated, and stated that feeling of numbness at her left leg. Her leg was elevated to heart level. Inform physician that the patient is suspected for compartment syndrome. Frequent monitoring and prefer physician/surgeon to come and check on the patient to do fasciotomy.

Concluding Questions

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

I would do the same as scenario. Compartment syndrome is limb-threatening, so I would take emergent action and inform the physician/surgeon to come and check on the patient ASAP.

* *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/*