Guided Reflection Questions for Surgical Case 4: Vernon Watkins

Opening Questions

How did the scenario make you feel?

This scenario was one of the easier vsims so far. I felt like I knew what I needed to do and how to provide care for this patient. By listening to the patients symptoms, I knew what interventions and assessments I need to perform.

Scenario Analysis Questions*

PCC/EBP/S Discuss your use of adjunct oxygen therapy for this patient, including why you chose a particular oxygen device, rate, and flow.

At first, the patients O2 was 92. I placed the nasal canula with 2L. As the scenario went on, the patients O2 sats were continuing to decrease. I knew the nasal canula was not providing enough oxygen, so I switched to the simple mask. The O2 sats then went up to 94%.

PCC Discuss Vernon Watkins' arterial blood gas (ABG) analysis result and explain what caused this result.

He was in respiratory alkalosis which was most likely due to his fast respiratory rate. He was having trouble maintaining an adequate O2 rate, which means he was experiencing hypoxemia.

S/EBP Discuss the use of a heparin nomogram (guideline for heparin titration) and safety related to this intervention.

Heparin can increase the risk for bleeding and must be monitored closely. The provider orders the heparin therapy, and the nurses use to guide to provide the safest care.

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

69 yr old patient who underwent a hemicolectomy. Presented to the ER with nausea, vomiting, and abdominal pain. Patient is administered morphine for severe pain. Refusing to ambulate and resistant to inventive spirometry. Orders to maintain O2 greater than 92, Ct scan, chest xray, 12 lead ecg, continuous ecg monitoring, arterial and venous blood test both ordered. Patient states difficulty breathing. HOB has been elevated and oxygen has been applied at 4L simple mask. Anticoagulants have been ordered and administered.

PCC Discuss why Vernon Watkins may be at risk for right ventricular failure as a complication of his pulmonary embolism (PE).

Right ventricular failure can be caused by a clot in the pulmonary vascular system and impaired gas exchange.

PCC Discuss how you would communicate with the patient in acute respiratory distress in this emergency situation and what effective communication techniques you would use.

Nurses would need to remain calm in order to keep the patient calm. The patient is most likely experiencing anxiety due to his trouble breathing. We need to provide constant reassurance and educate the patient about the care being provided.

Concluding Questions

Consider what would have happened if Vernon Watkins' family members had been present at the bedside and describe how you would have supported them during this acute episode.

Reassure the family that we are doing everything we can in order to help their family member. Explain that there is a clot in his lung due to lack of movement after his surgery. Educate the patient about blood thinners and answer any questions they may have.

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

I would provide care in a timelier manner. I should've also applied oxygen right after the patient stated it was difficult to breath instead of continuing on with vital signs.

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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/*