

## Guided Reflection Questions for Surgical Case 2: Stan Checketts

### Opening Questions

How did the scenario make you feel? Since his problem wasn't really an airway or respiratory problem it didn't make me as nervous. His bowel obstruction is still something serious, but it was easier to treat this patient I guess since you don't panic as much.

### Scenario Analysis Questions\*

- PCC/EBP/S** When reflecting on the care of Stan Checketts, what are signs and symptoms you can assess in the next patient you care for who might be at risk for dehydration? Dark and foul-odor urine, Dizziness/lightheadedness, weak, oliguria, delirium, Increased HR, low BP, low vol, muscle cramps.
- EBP/QI** Discuss signs and symptoms of hypovolemic shock. S&S: Cool and clammy skin, oliguria or no urine output, weakness, pale skin, moist skin, Faster breathing rate than usual, confused, syncope, low BP, High HR.
- PCC/EBP** Discuss assessment and expected findings in a small bowel obstruction. Abdominal pain-cramps that just won't go away, constipation, N&V, not able to pass gas, swelling of abdomen. Assessment: need abd x-ray, ask patient if cramps are painful, if any bloating, malaise, or severe constipation.
- PCC/S/I/EBP** What key questions does the nurse ask in an acute abdominal pain assessment? Assess all four quadrants, ask about LBM, what did it look like, any strange color or odor, any pain in epigastric region, auscultate bowel sounds, if any areas in abdomen tender- caution with palpation-don't want to rupture anything.
- PCC/EBP/S** In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find? Na levels, BUN, Creatinine, H&H, WBC
- PCC/EBP/S** Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube? You could auscultate to see if you hear any air blown through the tube. Could also perform a CXR to verify placement.
- T&C/EBP/S/PCC** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. S: 52 yo male presenting with severe abd pain, has had N&V the past two days. Abd distention present and is tender. Also shows S&S of dehydration d/t low urine output. Abd assessment performed. Recommended NG tube, pain meds, and treat N&V

### Concluding Questions

What would you do differently if you were to repeat this scenario? How would your patient care change? I would probably have performed a more thorough abd assessment. Maybe ask the patient more detailed questions to help paint a picture of his pain.

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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/>*