

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

- **This scenario is something we see a lot as a chief complaint. It was a good simulation to go through to know all the steps- medications, labs and how to make the patient comfortable. Learning to follow the doctors' orders.**

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?

- **Not urinating, dry mucous membranes, dark concentrated urine, skin turgor is tented**

EBP/QI Discuss signs and symptoms of hypovolemic shock.

- **cool, clammy skin, anxiety, no urine output, fast respiration rate, hypotension, pale colored skin**

PCC/EBP Discuss assessment and expected findings in a small bowel obstruction.

- **Abdominal distention, hyperactive bowel sounds, crampy pain, constipation**

PCC/S/I/EBP What key questions does the nurse ask in an acute abdominal pain assessment?

- **Last bowel movement, Describe the pain and when it started, is the patient experiencing nausea or vomiting, rating the pain**

PCC/EBP/S In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

- **Hematocrit, chloride, sodium, Creatine**

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?

- **X- ray is how you confirm 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: Stan Checketts is admitted for a SBO, he is dehydrated. He has been experiencing some abdominal pain and nausea and vomiting.

B: Stan is dehydrated- no urine for the past day and dry mucous membrane on admitting assessment. List abnormal lab values.

A: RR is 28- fast breathing, Blood pressure is low, and patient is rating pain of a 4. I have started NG tube and IV. Given all ordered medication

R: Medication for pain, obtain a x-ray: to confirm SBO and NG placement.

Concluding Questions

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

- **I would change the order I did things- obtain vital signs and assessment, rate pain and describe. Start IV- get blood work before starting bolus, bolus then give pain and nausea medication. Then start NG tube and get x ray to confirm SBO and placement. Having a better flow and educating the patient as we go through things.**

* *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/>*