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Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

The scenario made me feel that I could practice as a competent nurse. One thing I did get tripped up on was nasal cannula with a NG tube, it was fine in the scenario but not sure how all the tubes would work in real life and with skin irritation with oxygen and a tube in the nasal passage.

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?

Easy signs and symptoms of dehydration include thirsty, headache, weakness, dry mouth, dark yellow urine. The late signs and symptoms would be vital signs/ ekg changes, bounding pulses, syncope.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Hypovolemic shock is a volume issue that has low cardiac output (which in turn causes Hypotension) and increased vital signs (RR, HR) some symptoms would be nausea, sweating, cool & clammy skin, and dizziness.

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

Abdominal pain, bowel movements, vital signs abnormal, abdominal distention, Xray findings.

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

Where is the pain, 0-10, describe it and when did it start?

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

Hematocrit/ Sodium / Chloride / 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 to confirm the placement is the gold standard in checking 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.

The Situation was a pain in the abdomen with nausea, the background included the labs, risk factors, medications, and scenario. Assessment included labs, x ray, auscultation of the bowel, pain & GI assessment, vital signs. The recommendation was for a diagnosis and to transport to operating room/further instructions.

Concluding Questions

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

I do not think I would do anything differently, I did have to call the physician multiple times which I feel like they would get upset at. I also would prep for surgery and give better patient education as I forgot to do that in my scenario.

** 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/>*