

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

### Opening Questions

How did the scenario make you feel?

**This one wasn't as bad as the other one**

### 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?

#### **Skin Turgor, Cap refill, oral mucosa, and urine output**

**EBP/QI** Discuss signs and symptoms of hypovolemic shock.

#### **Tachycardia and hypotension**

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

#### **Abdomen pain, distension, nausea, vomiting and inability to pass flatus**

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

#### **Where is the pain located, what makes it better/worse, last meal/drink**

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

#### **Na<sup>+</sup>, Cl<sup>-</sup>, BUN/CR**

**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?

#### **Auscultation**

**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 lab results/Abdomen Xray. Last medication given for N/V and pain.**

### Concluding Questions

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

**I would have assessed the IV site sooner to administer the fluids sooner to prevent hypovolemic shock.**