

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

I felt more prepared on this scenario than Mr. Bronson (Hopefully this isn't a HIPAA violation). I navigated through the interface better and was able to perform a full assessment and obtain vitals. These were some things I wasn't able to figure out initially. I also scored a 90 on the first attempt so that made me feel very good. V-sim is a great learning resource.

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?

I would personally start by looking at the patient first to assess their oral mucosa and lips for any dryness or cracking. I would then proceed to check for tenting in turgor. I will then proceed to check for pulses on the arms and then check cap refills. After that, I will check his blood pressure for hypotension and proceed to listen to his heart for tachycardia.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Hypovolemic shock would be shown through tachycardia as the heart is compensating for the decreased volume. The patient will also have weak and thready pulses, dyspnea, and lightheadedness. The urine output will also be really low, and the patient will exhibit confusion.

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

Symptoms of SBO would be evident: abdominal cramps, nausea, vomiting, constipation, and bloating. We need to ask the patient if there was a history of surgeries since this is where adhesions form. Hernias could also cause this. To confirm that the patient has SBO, an abdominal X-ray will be needed.

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

Do you feel any pain or tenderness in your belly? When was your last bowel movement? Can you describe your poop? Do you feel gassy or bloated?

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

Stan's H&H are elevated, which would mean that he is bleeding. Low WBC would mean that he has been fighting an infection. Elevated Sodium and Chloride would indicate that he is dehydrated. Elevated BUN and Creatinine would indicate that Stan is indeed dehydrated.

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?

Injecting air would be sufficient, but an X-ray will be definitive.

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.

I would include that Mr. Checketts is going for an SBO repair and is currently dehydrated. He is 52 years old and is allergic to Demerol. Upon assessment via X-ray, it is confirmed that he has SBO and an NG tube as been placed. I would recommend that he finishes his NS saline bolus before undergoing any procedure to fix the dehydration.

Concluding Questions

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

I would've done the same in an actual scenario. I would have also loved to ask him about his living situation or his interests while doing some lab draws or giving meds to bond with him and make a connection. I would've also washed my hands earlier.

* *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/>*