

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

I felt decent about this scenario. There was a lot going on with it, but it was nothing that I couldn't handle as a nurse or couldn't figure out.

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?

- Vomiting and diarrhea are two main risk factors for someone developing dehydration because they're losing all of their fluids and aren't replenishing them. I can also assess skin turgor, and mucous membranes to see if they are within normal limits or not.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

- Weakness, fatigue, fainting, dizziness, diaphoresis, confused/anxious, pale and cool skin, low temperature, low blood pressure, tachycardia

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

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

- Where the pain is located, what's the quality of pain (is it stabbing, sharp, dull, cramping, etc.), pain scale for how bad it is hurting, what can make the pain better/worse

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

- Sodium and Chloride were both high

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?

- Placement of an NG tube is confirmed with an abdominal X-ray

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 ensure to give all details of the patient currently (name, DOB, allergies, current vital signs). I would also include the med administration I did because it was a pain med, so I would give the time at which it was last given. I would say that I placed an NG tube for the patient for gastric decompression and it's placement was confirmed with x-ray. I would then give info on the labs that I took to recheck the chemistry panel and the CBC. I would also give information on me starting the IV and where I started it. I would also give the dietary status of the patient which is NPO because they were going to go for a repair for a bowel obstruction.

Concluding Questions

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

- I think for the most part I did everything how/in the order that I would have chosen to do them in. I would want to start the IV and administer the fluid bolus first, since losing fluids is the main concern at the moment. And then I would treat the pain first and nausea second, and once both his pain and nausea are under control then I am able to do my other interventions like placing the NG tube.

* 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/>