

## Leann Hill

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

#### Opening Questions

How did the scenario make you feel?

The scenario made me realize how many things I am responsible for pre- procedure and how to prioritize care.

#### 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?

**Excessive N/V, decreased skin turgor, and constipation.**

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

**Agitation, cool and clammy skin, decreased urine output, pale, and tachypnea.**

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

**Patient will present with abdominal pain (cramping), abdominal distension, vomiting, and the inability to pass flatus.**

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

**Last bowel movement and location of pain.**

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

**Sodium, urea nitrogen, creatinine, H&H, and WBC.**

**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?

**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.

**52 year old male with severe abdominal pain. Episodes of severe n/v and no urine output. Abdominal distention and pain with sx of dehydration such as poor skin turgor and dry mucous membranes.**

#### Concluding Questions

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

I wouldn't do anything different.