Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

This scenario made me feel anxious and yet helpful. I know that the possible ultimate fix would be surgery but it still was nice to know that there were interventions ordered by the doctor that would provide relief for my patient experiencing this bowel obstruction.

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 can assess for skin tugor, sunken eyes, dark yellow urine, dizziness, low bloodpressure, rapid heart rate, dry oral mucosa, capillary refill, and decrease intake and outputs of the patient, change in LOC and lab markers that indicate electrolyte imbalances.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Dizziness, drowsiness, anxiety, enlarged pupils, rapid pulse, shallow and rapid breathing, excessive sweating, N/V, blue or gray fingernails and tips, cold, pale and clammy skin.

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

Abdominal distention, patient will having nausea and vomiting and possibly constipation. When completing and abdominal x-ray we will identify if the obstruction is complete or partial and that will determine what types of treatment options we can offer for the patient. Conservative or Surgical.

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

The nurse should ask the patient about indigestion, pain, nausea, vomiting, appetite, and bowel habits.

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

No abnormal lab findings were seen. However due to dehydration related to vomiting he could have experienced metabolic alkalosis. In addition due to low oxygen saturation he would have also gone into respiratory acidosis.

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?

The ways that we can check placement of the NG tube is to check by x-ray, we can also check by asking the patient to open their mouth while using a penlight to see if the tube is present. Lastly once the tube is placed we can check secretions to check PH balance.

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.

Hello, this is nurse Anthony from the ED, I'm giving you report on a male patient named Stan Checketts. He is 52 year old, DOB is 08/13/1967. He presented to the ED at 0000 and came in with stomach pain and vomiting.

He is allergic to demerol due to a skin rash he developed the last time he took it. He states that after vomiting he feels better and rates his pain at a 4/10 on admission. He has no personal history or family illnesses reported. Current physician attending is Dr. Smith, Jack. We have brought on the care team respiratory and Gastrointestinal department.

During assessment I placed the patient on continuous blood pressure checks and watched oxygen stats with a continuous pulse ox. In addition I placed the patient on 3 lead ECG and raised the head of the bed to help with lung expansion and labored breathing due to abdominal distention. I also placed him on oxygen and he is on 6 liter via nasal cannula. Pain level is maintained at 2/10. Respiration rate is still labored at 28, BP is stable, 110/79, Temp is at 99 and patient is alert and orientated to person, place, and time. I did give a normal saline bolus of 500 ml over 30 minutes, Bupreophine, and odansetron were given to help with N/V. Patient does having NG place to reduced the distention placement check was done by x-ray and confirmation of correct placement was verified.

The patient consent was signed by the patient and the patient is aware of further teaching regarding surgery.

Concluding Questions

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

I would react quicker and assess the patient bowels more frequently and go from right lower clockwise to ensure non-rupture or movement of the obstruction. I would finally assess pain more often as I can only imagine how much an obstruction could hurt.

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* *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/*