

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

I felt better about this scenario than the anaphylaxis one. This one made me feel less anxious and I felt good about the decisions I was making.

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?

Dark urine in smaller amounts, feeling thirsty or tired, and dry mucous membranes are good signs and symptoms to assess.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Symptoms include shallow quick breaths, confusion, dark urine in small amounts, tachycardia and low blood pressure.

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

Since the patient had a small bowel obstruction, I was expecting the patient to report pain and nausea. Also, bowel sounds would have been abnormal as well. Some other symptoms would be constipation, inability to pass gas, and vomiting.

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

I would ask about the type of pain and duration of pain. I would also ask if it is constant or intermittent.

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

I found that WBC's were increased and hemoglobin and hematocrit were as well.

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?

An X-ray of the abdomen is important for confirming placement of the NG tube.

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.

Stan Checketts is a 52-year-old male complaining of abdominal pain and other GI symptoms such as nausea and tenderness. Oxygen was administered and an NG tube was placed as well as an IV. Placement was confirmed through an x-ray and a small bowel obstruction was confirmed as well. Patient is in hypovolemic shock due to loss of fluids and dehydration from vomiting. Fluids and medications were given and they were effective for the patient.

Cristen Moreno

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Concluding Questions

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

I would not do anything very different except for the follow-up nausea assessment. I would have done things in a more timely manner as well.

** 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/>*