

## Opening Questions

How did the scenario make you feel?

This scenario made me feel frustrated since I wasn't able to figure out what order I was supposed to provide care for as I took the scenario for the second time I realize that even though you ask about allergies when you walk into the room you should still make an effort to ask about allergies prior to admitting administering any medication

## Scenario Analysis Questions\*

PCC When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities?

- What I would do as the nurse is, check the patient's airway and assure that nothing is obstructing it. Then I would give the patient supplemental oxygen via nasal cannula 2 L and if O2 saturations don't increase I would then put them on in nonrebreather 100% O2. Reassure the patient that they're in good hands and that I'm working to resolve their issue. Assess respiration rate, lung sounds, heart sounds, and pulse ox. If the patient continues to have shortness of breath I would then administer any prescribed medications for pain, asthma, COPD, etc. Then contact the provider if shortness of breath doesn't resolve.

PCC What assessment findings would indicate that the patient's condition is worsening?

- Some assessment findings that I would find is wheezing while listening to the lung sounds, fever, shallow or rapid breathing, low O2 sat, cyanosis of the lips and fingers, confusion, and drowsiness.

PCC/I Review Vincent Brody's laboratory results. Which results are abnormal? Discuss how these results relate to his clinical presentation and chronic disease process.

- Brody's ABG lab results came back with elevated HCO<sub>3</sub> and PCO<sub>2</sub> while the PH was within normal limits. Since the CO<sub>2</sub> was outside of the normal range and more on the alkalotic side the patient could be experiencing respiratory alkalosis. If we do not resolve his arterial blood gas he could begin to show signs and symptoms of respiratory alkalosis. Signs and symptoms consist of heart palpitations, shortness of breath, and chest pain which is what Mr. Brody was presenting in the hospital.

PCC/S What are safety considerations when caring for a patient with a chest tube?

- We do not milk the chest tubes. We have to check the dressing, the tubing, and assess the patient's respiration rate, breath sounds, and O2 saturation every two hours or as needed. Assess the drainage and measure much is coming out including the appearance and color. Assure that the tubing doesn't have any kinks and assess the skin surrounding the tube for any redness swelling or drainage.

PCC/S What key elements would you include in the handoff report for this patient?

- Include the route that we administered oxygen and how many liters he is on. Inform the oncoming nurse of the recent vital signs and let her know the amount of drainage that has been coming out of the chest tube. Inform the oncoming nurse of the patient's

cardiac strip and the rhythm that they are in. Inform the oncoming nurse of the medication's that we had to administer as well as the orders that the doctor has placed and the patient's response to them. Also informed the oncoming nurse of the patient's history of smoking, response to care, and medical history as well.

Consider the SBAR (situation, background, assessment, recommendation) format.

- S: Vincent Brody is a 62 year old male who was admitted directly from his providers office for exacerbation of COPD. Patient stated that he has no known drug allergies. He is currently on a non-rebreather at 10 L and his O2 saturation are at 93%. He's currently on potassium chloride and 5% dextrose with normal saline which is infused at 100 mL per hour on his right hand. His IV access is not red, swollen, and does not appear to be infected. We have given him morphine prior to his x-ray which showed that he had a pneumothorax. He has a 50 year history of smoking two packs a day. He has responded well to the medication's and treatments. However, continues to produce a cough but states that he is breathing better. Chest appears to be barrel chested, During the last year he states that he has had two exacerbations and the patient should be carefully monitor especially his chest tube site and vital signs

### Concluding Questions

What patient teaching priorities would be important in the patient experiencing an acute exacerbation of COPD?

- Teach the patient the benefits of breathing exercise and the use of his bronchodilators. Help the patient identify any triggers that he may be experiencing that causes him to smoke and how to properly take his medication. Also explain the benefits of being active and following a healthy diet.

For a patient with COPD who is stable, what resources would you recommend?

- I informed the patient about the recommendation of joining a smoking cessation program as well as other ways to relieve nicotine withdrawal such as using nicotine gum or nicotine patches (teach the patient that he will need to rotate his sites if he does choose to use this route). Inform him that quitting will help with his exacerbation since he does have COPD.

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

- I would review my COPD notes and what is beneficial for a patient during their exacerbation. I would also focus my assessment on the respiratory system and how to properly administer medications prior to an x-ray exam.