

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

This simulation made me feel very anxious and yet prepared when a patient become unresponsive. It taught me the importance of informing the doctor of all changes occurring in the patient status. It also taught me to constantly be checking for order changes and to assess the patient frequently by asking questions and obtaining all medical history about the patient in the case that they do become unresponsive.

Scenario Analysis Questions*

PCC What could have been the causes of Carl Shapiro's ventricular fibrillation?

The patients medical history (hypertension and obesity) and lifestyle choices (cigarette smoking) affected him by causing him to have a heart attack as indicated by the chest pain and altered labs (troponin and CK-MB).

EBP When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?

Quality indicators are good compressions with depth and rate as well as seeing the rise and fall of the chest during airway management during ventilations. The rate of compressions to ventilation is 30:2.

S If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?

I would treat his hypertension and assist with oxygenation and ask the doctor to place and order for labs to assess his follow-up status and continue to monitor the patient.

PCC What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

My name is Anthony Hernandez I have a 54 year old male presenting to the ED with chest pain and sweating. He was given aspirin and sublingual nitro X2 upon arrival. Chest pain improved after second dose. After chest xray patient went into ventricular fibrillation. CPR was preformed and code status was initiated. AED was used and one shock was given. Before return of spontaneous circulation. Patient is no longer in v-fib and he is recovered. Close monitoring is recommend and he is to be placed on telemetry it is requested to let the provider know of any status changes and prevention of another event.

Concluding Questions

If Carl Shapiro's family members had been present at the bedside during the arrest, describe what you could have done to support them during this crisis.

If family was to arrive I would ask them to step out of the room as the experience can be very traumatic and cause more worry. I would take them to a private room and ask one of my nurses to explain what is happening and that I will provide them with updates as they come to me.

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

I would ensure react quicker and assess as often as possible. I felt the scenario went well and that I did my best to follow orders and ensure to stay at the bedside and always be ready and prepared in case an emergency arises.

** 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/>*