Meagan Britt
November 16, 2022
Doris Bowman Guided Reflection Questions for Surgical Case 3: Doris Bowman

**Opening Phase**

**How did the scenario make you feel?**

I did not expect the patient to go into respiratory depression as quickly as she did when given morphine. It took me by surprise. Her respiratory rate started decreasing and I immediately thought of given her Naloxone IV and ventilating her. My only problem was I gave her 2L of oxygen instead of the max of 10L. I

will take that learning into practice.

I did not expect the patient to go into respiratory depression as quickly as she did when given morphine. It took me by surprise. Her respiratory rate started decreasing and I immediately thought of given her Naloxone IV and ventilating her. My only problem was I gave her 2L of oxygen instead of the max of 10L. I

Meagan Britt
November 16, 2022
Doris Bowman Guided Reflection Questions for Surgical Case 3: Doris Bowman

# will take that learning into practice.

I didn't expect the patient to go into respiratory depression as quickly as she did when given morphine. It took me by surprise, her respiratory rate started decreasing and I immediately thought of giving her Naloxone IV and Ventilating her. My only problem was I gave her 2L of oxygen instead of 10L and didn't give enough breaths at a time. In this scenario you had to think quickly, but I will keep this scenario in mind to help continue my learning.

## Scenario Analysis Questions*

**S/PCC** **What further intervention would have been required if naloxone hydrochloride (Narcan) had not been effective in this case?**
If desired response isn't obtained after 2-3 minutes, may have given another dose. If still no response, then would give additional doses every 2-3 minutes. I will also give high flow oxygen. If none of this gets the desired response, then there is a possibility of intubation.

**PCC/EBP/S** **Discuss readiness for discharge from PACU criteria.**
1. Patient is awake, easily arousable (or baseline)
2. Vital signs at baseline or stable
3. No excess bleeding or drainage
4. No respiratory depression
5. O2 saturation is greater than 90%
6. Pain is controlled or acceptable
7. Nausea and vomiting controlled
8. Report given to clinical unit

**T&C/PCC/EBP** **What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.**
S: Patient D.B. developed respiratory depression after given 2mg of morphine IV for pain. She was given one dose of 0.2mg of Naloxone IV and high flow oxygen.
B: Patient is 39-year-old female who is s/p total abdominal hysterectomy with bilateral salpingo-oopherectomy under general anesthesia. Estimated blood loss of 400mL.
A: Patient is A&OX4, HR 100, ECG sinus rhythm, BP 137/79, RR 19, O2 sat 95% on 10L NC, Temp 99, and dressing clean and dry.
R: Contact physician for other options of pain medication and for stool softeners so straining is preventable and decreases chance of constipation. Monitor patient closely for relapse of respiratory depression.

**S/PCC** **What further complications could have occurred if the respiratory depression had not resolved?**

Meagan Britt
November 16, 2022
Doris Bowman Guided Reflection Questions for Surgical Case 3: Doris Bowman

Patient can develop respiratory arrest which can be fatal. Patient can also have brain damage for oxygen deprivation. Ongoing episodes of hypoventilation can cause pulmonary hypertension leading to right-sided heart failure.

## Concluding Questions

**If Doris Bowman's family members had been present during the scenario, describe how you would support them when her condition deteriorated.**

I would act quickly to reverse the respiratory depression. I would tell her family that I am giving her Naloxone and oxygen to help her breath better. After the patient is stable, I will explain to the family why she went into respiratory distress and what interventions I'm currently doing to help the patient.

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

If I repeated this scenario, I would have made sure that I hit all my assessment points before administering the morphine, so that I would have the most accurate baseline. I would then give Naloxone for the respiratory depression, has well as the high flow O2 and correct ventilation ratio. I would reassess after all interventions have been completed and make sure the patient is stable.