

## Guided Reflection Questions for Surgical Case 2: Stan Checketts

### Opening Questions

How did the scenario make you feel?

I felt more confident when I started this simulation because I had just finished the first one but at the end of my first attempt I felt annoyed because I got a 78% and had to restart mainly because I had used a 12-lead EKG instead of the 3-lead.

### 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 could assess the patient's skin turgor, if they have dry mucous membranes, capillary refill time, and lab values for fluid and electrolytes.

**EBP/QI** Discuss signs and symptoms of hypovolemic shock.

Tachycardia, hypotension, dyspnea, weakness, confusion, cool/clammy skin.

**PCC/EBP** Discuss assessment and expected findings in a small bowel obstruction. Abdominal pain/cramping, constipation, swollen abdomen, nausea/vomiting, inability to pass flatus.

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

Ask about pain (where/does it get worse or better with movement, does anything relieve it), ask if the patient is having any nausea/vomiting, ask bowel/urinary habits, ask dietary habits.

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

His sodium, hematocrit/hemoglobin, WBCs, and creatine were abnormal.

**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?

X-ray is the preferred method to confirm placement.

**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.

A 52 y/o male, came in with abdominal pain and nausea/vomiting for the past few days, his abdomen is tender to palpation and distended, he has signs/symptoms of dehydration, upon x-ray it's determined he has a small bowel obstruction and an NG tube has been placed with low intermittent suction. He has orders for PRN ondansetron and morphine, he's NPO, and he received a fluid bolus of 500mL NS into his IV that's placed in his right hand. The doctor has recommended to continue to monitor the patient and provide treatment as ordered.

## Concluding Questions

What would you do differently if you were to repeat this scenario? How would your patient care change? I wouldn't change how I took care of this patient in my scenario because after my first attempt I just needed to change which EKG I had used but all of my interventions were done correctly.

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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/>*