

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

I honestly need to go back over the types of shock because I was not aware this was hypovolemic shock until the post-quiz. Otherwise, I feel like I did okay with the simulation part, real world I wouldn't not ask for allergies before any medication, I honestly blame the layout for missing it this time. Knowing the correct "order" for some of the assessments and such in this SIM throws it off a bit, but I did enjoy figuring out how to respond and see how things improved over time for the pt.

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?

Hypotension, electrolyte balance issues, tachycardia, cold and clammy skin, decreased skin turgor, decreased urine output, dry mucus membranes are all telltale signs of dehydration.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Pale pallor, diaphoresis, tachypnea, confusion, tachycardia, low temperature, hypotension, and feeling of weakness.

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

Patients may present with abdominal distension, hyperactive or hypoactive bowel sounds depending on the stage of the illness, abdominal pain, emesis, dehydration, or severe constipation.

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

When is the last time you had a bowel movement? Describe/locate/rate the pain. Does anything relieve the pain? How long have you had this pain? How often are you nauseous? How often and describe and vomiting.

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

His electrolyte labs and hematocrit were abnormal, pointing to signs of dehydration, a key component of having a small bowel obstruction.

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?

The preferred method is by having an abdominal Xray done to confirm placement. Each shift should note the measurement on the tube at the nose and charted to ensure any change is investigated.

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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.

S - what the pt came in for, how they presented to the ER, vitals on admission.

B- Demographic information such as age, habits (drinking/smoking), how long the symptoms have lasted, what has helped, what has not, any reports from family

A - pt's current vitals and trends, results of labs, abdominal xray results, current/pending orders, meds administered, LOC, how the pt's nausea and pain are doing currently.

R- mention how the ondansetron and morphine were helpful and may be so in the future, maybe recommend any surgery prep that has not already been completed such as a chlorhexidine bath, fluids, or prophylactic antibiotic.

Concluding Questions

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

Making sure to address the nausea and pain as soon as possible, and onboarding an IV for fluids and IV pushes as soon as possible as well. With the pain level at a four I think, while it is of course important, I would get the NG tube and o2 all squared away before worrying about finding a witness to sign off on the morphine waste.

* *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/>*