

Guided Reflection Questions for Surgical Case 2: Stan Checketts

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Opening Questions

How did the scenario make you feel?

During this scenario I felt confident in what I was doing. I referred back to the orders several times, and took it one step at a time. I feel like by initiated one task at a time, and treating the patient's chief complaints, I was much more relaxed and able to perform the scenario effectively.

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?

Signs and symptoms that a patient might be at risk for dehydration include dizziness or lightheadedness, urinating less than usual, dark urine, headache, dry mouth, feeling fatigued, and extreme thirst.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Signs and symptoms of hypovolemic shock include anxiety, rapid respirations, low blood pressure sweating or diaphoresis, feeling weak or fatigued, confusion, agitation, pale skin color, cool and clammy skin, decreased/no urine output, and even unconsciousness may occur.

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

Upon assessment, the patient will usually have abdominal pain (cramps) and/or distention, vomiting, and the inability to pass gas. The patient might also experience constipation. Lab findings that may be present in a patient with a SBO are hyponatremia, hypokalemia, and metabolic alkalosis.

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

The nurse should ask the following questions in an acute abdominal pain assessment: What causes the pain? What does the pain feel like? Where is the pain on your body? Does the pain radiate anywhere? On a scale of 1-10 what would you rate the pain? When did the pain start and what were you doing when the pain started?

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

The labs that were abnormal in Stan's scenarios were Creatinine, Hemoglobin, Hematocrit, WBCs, Sodium, and Urea Nitrogen.

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 methods for confirming placement of the NG tube are auscultation (blow air through the tube to determine if it is in GI tract), or X-ray.

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.

Key elements I would include during handoff report for Stan would be the patient's age (52 year old male), presented with severe abdominal pain with complaints of nausea and vomiting for the past several days. He complains of feeling dizzy and weak, and has not urinated since last night. His mucous membranes are dry and skin turgor is poor. I would describe his abdomen as being distended, hard, and tender. He complains of pain in his abdomen on a scale of 4 out of 10. I would also include that I inserted an NG tube, placed him on Oxygen, obtained lab samples on him, and administered the medications that I gave earlier in my shift.

Concluding Questions

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

If I were to repeat this scenario I would reassess my patient's blood pressure and respirations. I would also administer pain medication quicker, and assess the patient's pain level quicker. I think that other than missing those assessments, the scenario was successful and I was able to effectively care for this patient.

** 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/>*