

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

The scenario made me feel confident about my ability to provide nursing interventions and follow the doctor's orders. I was able to act quickly when the patient complained of nausea, and I assessed the patient for any signs of dehydration and other abnormalities. I feel more confident after completing this virtual simulation.

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 can assess for dry mucous membranes/chapped lips, fluid and electrolyte labs, and skin turgor.

EBP/QI Discuss signs and symptoms of hypovolemic shock.
Hypotension, Tachycardia, cool clammy skin, dyspnea, and confusion.

PCC/EBP Discuss assessment and expected findings in a small bowel obstruction.
Pain/cramping in the abdomen, constipation, swollen abdomen, nausea/vomiting, unable to pass flatus.

PCC/S/I/EBP What key questions does the nurse ask in an acute abdominal pain assessment?
Assess pain, ask location, severity, rating 1-10, what relieves/worsens pain. Assess nausea/vomiting and ask about bowel habits.

PCC/EBP/S In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
Stans sodium, WBC, Hct, Hgb, and creatinine were all 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?
The preferred method of confirming placement is 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.

52 y/o male came in with abdominal pain and nausea/vomiting for the past few days. His abdomen is distended and tender to palpation, pt. shows

signs of dehydration. He was taken for an X-ray that showed that he has a small bowel obstruction, and he has had a NG tube placed with low intermittent suction. He is NPO and has an IV in his right hand. He received a fluid bolus of 500mL NS and has orders for PRN ondansetron and morphine. His doctor has advised continuing monitoring 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?

If I were to repeat this scenario, I don't think I would change anything. I performed my assessments before administering any medications to establish a baseline and I then followed my orders to provide safe patient care and used critical thinking for nursing interventions.

* *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/>*