

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

### Opening Questions

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

This scenario was really reassuring, especially completing this one after the other virtual simulation. I finally felt I understood the website and felt more confident in taking care of a patient. Doing this one second, I knew how to approach the scenario and learned from my mistakes last time of being diligent in reading the providers orders and paying attention to the EMAR. I really enjoyed this scenario!

### 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?

Vitals for a decrease in BP and increase in HR, intake and output for nausea and vomiting and oliguria, skin for dry mucosa, and neuro for headache, dizziness, and confusion, a

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

Drop in blood pressure but increase in heart rate, cool, clammy skin, confused or anxious oliguria, pallor, generalized weakness, rapid breathing, sweating

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

Abdominal distention, vomiting, inability to pass flatus, persistent abdominal cramps, constipation, loss of appetite

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

When did the symptoms happen? Have you had any change in your bowel movements? What is the color and consistency of your stool? Are you in any pain? Where is it at? Can you describe that pain? Can you rate it on a scale of 0-10? Does anything make it better or worse?

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

Increased BUN and creatinine, hypernatremia, and hypokalemia

**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?

CXR, auscultating for air, and suctioning and watching for stomach contents to come out through the tubing

**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.

Hi my name is Mallory Kalka, I am taking care of Stan Checketts in room 100 who came in for a rule out preoperative bowel obstruction. He came into the ED today with

severe abdominal pain and distention. He has stated that he has been nauseous and vomiting over the last few days. I drew his labs today and it showed an increased in sodium, creatinine and BUN and a decrease in potassium. He was going into a hypovolemic state since his blood pressure was running low, HR was high, and he was breathing fast, so I started an IV in his right antecubital and gave him a bolus of NS of 500mL for 30 min. He is currently on 4L of oxygen through a nasal cannula. He also received 2mg of morphine for his stomach pain and 4mg of ondansetron for the nausea he has been experiencing. Lastly, he got an abdominal XR and NG tube placed in. I would just continue to monitor his NG tube, oxygen and blood pressure often. He had complained of about a 4 for his pain and wanted a lower dose for the antiemetic, so I would assess him every 4 hours for those as well.

### **Concluding Questions**

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

I feel very confident in how I treated this patient and intervened. The only thing I would do differently is to administer that PRN ondansetron. When asking him if he felt nauseous he stated he wasn't, so I didn't give him the medication. However, I got points taken off for not doing so, therefore, I feel I should have asked a little bit more questions and see if he wanted anything for the nausea.

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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/>*