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Guided Reflection Questions for Medical Case 3: Vincent Brody

Opening Questions

How did the scenario make you feel?

This scenario gave me anxiety! I felt like I had to keep figuring out what to do because the physician was taking for ever to come and put in his chest tube. The waiting around for the physician to come do what needed to be done way the worst part.

Scenario Analysis Questions*

PCC When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities?

The first priority should be a respiratory assessment. Check the patient's airway and oxygen. Next would be to provide oxygen if needed. Next step would be to figure out why he is SOB and notify the DR. You should also sit your patient up if they are able to.

PCC What assessment findings would indicate that the patient's condition is worsening?

If the patients oxygen level is continuing to decrease and their breathing is becoming worse. Also, if the patient becomes cyanotic and LOC starts to change.

PCC/I Review Vincent Brody's laboratory results. Which results are abnormal? Discuss how these results relate to his clinical presentation and chronic disease process.

The patients ABGs came back abnormal. Since the PCO₂ was Alkalotic he was in Resp. Alkalosis. Symptoms of resp. alkalosis are SOB and chest pain were the symptoms he was having. His hematocrit was high which is common with COPD.

PCC/S What are safety considerations when caring for a patient with a chest tube?

We need to make sure to document amount and color of output. We need to be sure to get RR, O₂ and breath sounds frequently. We also need to monitor the site for bleeding or drainage.

PCC/S What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

67 yr old male admitted for COPD exacerbation. He is maintaining O₂ on 2L NC. He has Potassium chloride in 5 dextrose IV and NS is infusing at 100 mL/hr in r hand. He is

complaining of SOB and painful breathing. ABG drawn and came back with Resp. Alkalosis, breathing treatment given and RR are at 31 HR at 123. Upon auscultation of lung, it sounded like patient may have a pneumothorax. The DR came and put in a chest tube and Resp. assessment was normal. I would continue to monitor VS and assess pain as needed.

Concluding Questions

What patient teaching priorities would be important in the patient experiencing an acute exacerbation of COPD?

Teaching the patient the Triad position to help with breathing and pursed lip breathing.

For a patient with COPD who is stable, what resources would you recommend?

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

I would recommend resources to help my patient stop smoking. I would also get home health involved to be sure that he has all the equipment he may need. I would give resources on exercises that he would be able to do with COPD and teach about eating a healthy diet. I would follow the DR. orders correctly. I kept getting a head of the DR and ordering what needed to be done before the DR had actually put in the order. My patient would have received the same care, but I would have been protecting my license by doing what was ordered.

* *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/>*