

Guided Reflection Questions for Medical Case 3: Vincent Brody

Opening Questions

How did the scenario make you feel?

This scenario made me feel nervous, I had followed the Doctor's orders and felt like everything was under control then the patient developed a pneumothorax. However, I ended the scenario feeling more confident in my ability to critically think and provide care for a patient with a pneumothorax.

Scenario Analysis Questions*

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

If the patient is laying down sit them up to high fowler's, ask the patient to turn cough and deep breath, monitor o2 saturation, administer oxygen as needed, monitor respiration rate for increased respirations, and assess the work of breathing (use of accessory muscles, retractions, fatigue).

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

If there is audible wheezing, shallow respirations, tachypnea, rapid O2 saturation drop, and cyanosis.

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.

After reviewing the patient's ABG results it appears that the patient was in respiratory acidosis The ph was low and the CO2 was high due to the patient retaining CO2. This relates to patient's COPD diagnoses, some of the clinical manifestations that he presented with that confirm this are tachypnea, SOB, increased work of breathing, and dyspnea.

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

When caring for a patient with a chest tube the respiration rate, breath sounds, and Oxygen saturation should be constantly monitored. The dressing around the tube should also be assessed frequently. The nurse should look for drainage and report any abnormal findings. The nurse should assess the tubing and make sure there are no kinks and that everything is connected properly. The nurse should also have sterile gauze and petroleum jelly in the room in the event that the chest tube came out and it needed to be covered.

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

Vincent Brody is a 67-year-old male admitted for exacerbation of COPD. PT is maintaining O2 saturation above 94 on a NRB mask on 8L/min. IV potassium chloride in 5% dextrose and normal saline infusing at 100mL/hr in his right hand. Pt was responding well to medications and treatments, but he had a persistent cough

and then developed a pneumothorax. Provider inserted a 24 French chest tube and pt is responding well to treatment. Chest tube site is clean and dry with no discoloration. Pt smoked 2 packs a day for the last 50 years and in the past year he has had 2 exacerbation episodes. Pt is now stable and should be closely monitored with chest tube assessment and vitals throughout shift.

Concluding Questions

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

Identifying triggers such as smoking or improper medication adherence. The patient should be educated to reduce smoking and if possible, to quit and pt should be educated on importance of following med orders. The patient should be encouraged to stay active and follow a healthy diet. Breathing exercises and use of bronchodilators should be taught to the patient and demonstrated by patient to ensure proper teaching.

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

I would recommend continuing proper treatment of COPD. I would advise them to stay active and have a healthy diet. I would discourage any triggers such as smoking, and I would recommend the patient continue taking medications as prescribed.

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

If I were to do this scenario again, I would verify the consent for the chest tube insertion before the procedure began. Overall, I would not change much about this scenario. I felt like I did a good job using critical thinking and following my orders.

* 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/>