

Guided Reflection Questions for Medical Case 3: Vincent Brody

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Opening Questions

How did the scenario make you feel?

This scenario was a lot different and more fast paced than other ones I have completed. This scenario definitely forced me to critically think more, and made me feel more nervous than other scenarios. Overall, I was more nervous during this scenario than others, but I enjoyed the fast pace environment of this scenario.

Scenario Analysis Questions*

- PCC** When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities?
The immediate priorities for the nurse during a rapid onset of shortness of breath should be an assessment of the patient's airway and breathing. The nurse should ensure the patient has an adequate airway and nothing is obstructing their airway and breathing. The nurse should also provide a respiratory assessment, listen to lung sounds, and assess their O2 sats. The nurse should also reposition the patient (if they are laying down, sit them up!) and provide oxygen if needed. After evaluating the patient's ABCs, the nurse should immediately notify the provider of the patient's status and obtain orders.
- PCC** What assessment findings would indicate that the patient's condition is worsening?
Indications that the patient's condition is worsening would be low O2 sats, wheezing, shallow breathing, rapid breathing/increased respiratory rate, changes in skin color such as cyanosis of the fingernails and/or lips, and a fever present could indicate a worsening physical condition in this patient. The nurse should also pay attention to what the patient is verbalizing such as a tight feeling in the chest or trouble breathing as this could indicate worsening in the patient's condition.
- 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 patient had an increase in hematocrit and the ABGs portrayed respiratory alkalosis. Increased hematocrit is common in patients with COPD. Regarding the ABG interpretation of respiratory alkalosis, common signs and symptoms include chest pain and shortness of breath, both of which the patient was experiencing.
- PCC/S** What are safety considerations when caring for a patient with a chest tube?
Safety considerations that need to be addressed by the nurse caring for a patient with a chest tube would be inspecting for drainage on/around the dressing of the chest tube, ensuring the tubing does not have any kinks, and that it is draining adequately, checking the patient's vital signs every 2 hours, monitoring the patients O2 sats, and assessing the patient's breath sounds with the vital signs.
- PCC/S** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

I would start off with explaining that the patient was admitted due to experiencing an exacerbation of COPD. I would include all the medications that I administered and the procedures that the patient had done (chest tube). I would also relay to the nurse what the patient was experiencing before the doctor placed the chest tube, and any drainage or abnormalities I noted, if any, after the chest tube placement. I would also explain to the oncoming nurse our plan of care that we are currently following for this patient.

Concluding Questions

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

I would stress the importance of breathing exercises for this patient in order to strengthen the lungs and promote adequate oxygen perfusion during an exacerbation. Teaching the patient how to deal with the exacerbations such as remaining calm can also be beneficial to a patient experiencing this stressful situation. I would also educate the patient about maintaining adequate nutrition, as this will help the patient heal and help the body to become stronger during these exacerbations.

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

For the patient with COPD who is stable, I would recommend a follow-up appointment with a specialist such as a pulmonologist. I would also stress the importance of maintaining a healthy life-style such as eating healthy and exercising, as well as the strong importance of cessation of smoking.

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

If I were to redo this scenario, I would have reassessed the patient's breath sounds and done a respiratory assessment to look for reversible causes of the condition the patient was experiencing. Otherwise, I feel that I did well with this scenario and was able to successfully provide the care needed to treat 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/>*