

Guided Reflection Questions for Surgical Case 3: Doris Bowman

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Opening Phase

How did the scenario make you feel?

This scenario made me very nervous, especially when the patient lost consciousness. I was initially unaware of what to do, and began to get anxious. After reading the provider's orders, I was able to administer the Narcan and the patient improved. Overall, I was nervous during this scenario, but I considered it to be a good learning experience and gave me a chance to critically think in an emergent situation, which I enjoyed getting to do.

Scenario Analysis Questions*

S/PCC What further intervention would have been required if naloxone hydrochloride (Narcan) had not been effective in this case?

Further interventions would include repeat doses of narcan every 2-5 minutes as needed, if the patient's condition did not improve. Luckily in this scenario, the patient was able to improve and regain consciousness after one dose was given, so I did not need to administer multiple doses.

PCC/EBP/S Discuss readiness for discharge from PACU criteria.

Readiness for discharge from the PACU includes the patient being stable and having stable vital signs such as their O2 sats, respiratory rate, rhythm, and sounds, and a stable blood pressure and pulse.

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

I would explain the background of this patient, that she is a 39 year old female who just had a total abdominal hysterectomy, and arrived from the PACU during my shift. I would explain how the patient was in pain (6) so I administered 2 mg of morphine and she had an allergic reaction and experienced respiratory distress. I would state that I administered 0.2 mg of Narcan as well as ventilations, and the patient's condition improved. I would tell the oncoming nurse that the patient has an abdominal incision and explain the dressing she has on, and that I saw no drainage, redness, or swelling. I would tell the nurse that the patient has hypoactive bowel sounds. I would state that the patient has IV fluids (D5NS) running at 125 ml/hour and a foley catheter in place with 210 ml of output for me. I would also state that the patient's vital signs have been stable since she experienced the respiratory distress, but she is still reporting pain despite non-pharmacologic interventions. I would recommend that the patient be monitored closely due to the allergic reaction, and her pain level, and possibly try to intervene more or request a different medication for pain from the provider.

S/PCC What further complications could have occurred if the respiratory depression had not resolved?

If the respiratory depression had not resolved the patient's O₂ levels would decrease leading to a possible change in mental status, feeling dizzy, headaches, and the patient becoming cyanotic.

Concluding Questions

If Doris Bowman's family members had been present during the scenario, describe how you would support them when her condition deteriorated.

If the family members were present I would stay calm and explain to them what is happening. I would tell them that this can happen with the administration of morphine, but that we can reverse it with a dose or multiple doses of Narcan, depending on how the patient reacts to the medication. I would work efficiently and quickly, but stay calm and reassure the family during and after the situation.

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 would have ventilated the patient as soon as she went unconscious. When I first did this scenario, I did not ventilate the patient, but soon realized this was a mistake and could cause great harm to the patient. I also would attach the EKG sooner than I did. Other than those mistakes, I consider myself to have been successful in this scenario, and enjoyed getting to perform in an emergent situation.

** 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/>*