

Rebecca Norman

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

- This scenario made me feel great! I think Nick has prepared me a ton in the material regarding bowel obstruction and what not to do and what to do when a bowel obstruction is suspected. I felt very confident knowing that when I went in I need to establish I.V. access and get the patient started on fluids. Going in I knew he has nausea and vomiting and had a NG tube ordered and I had the intention of starting it after my I.V. fluids were running, but I forgot to do it. I knew I had to do it and I planned on it, but that's where I messed up and I forgot that was a priority aside from I.V. and focused assessment.

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?

- Some ways to assess for dehydration or checking out the mucous membranes. Also checking skin turgor, so pinching the skin on collar bone, if it falls right away its hydrated, if it moves down slowly, the patient is dehydrated. Checking the patients urine output is very important to.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

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

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

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

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?

- The gold standard for checking the placement for an NG tube is an X-ray confirming the placement. Until x-ray comes and we confirm the placement the next method is just blowing back and seeing if you get gastric juices in the 60mL syringe. It is very important to verify placement because it is very easy to insert the tube in the lungs and not the stomach and further issues can occur from inserting it into the lungs, like damaging and punching the lungs.

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.

Concluding Questions

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

- I already touched on this, but if I were to redo the scenario I would make sure the NG tube placement was one of my main priorities. I would still do the I.V. fluids first, then I would do the NG tube insertion. This is important to lower his nausea and vomiting and help decompress his stomach from the small bowel obstruction. It is super important this is established so that the patient feels better, and to prevent anymore vomiting which can lead to more damage to the esophagus and dehydration.

* *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/>*