

Alicia McGraw

Surgical Case 4: Vernon Watkins

Documentation Assignments

1. Document Vernon Watkins' respiratory assessment that occurred in the case.
 - Vernon's respiratory assessment started with clear lung sounds, chest pain, and elevated heart rate (110). He was given morphine one hour prior to my assessment but his pain still remained as a three. This pain was due to his PE that he had in both of his lungs. Hopefully after his heparin therapy it will decrease his discomfort.
2. Document the actions during the acute respiratory distress episode.
 - Once he stated that he was having chest pain and felt like he could not catch his breath, I raised the head of the bed to allow for better chest expansion. Then I titrated his O2 so that his oxygen level remained above 92%. I educated my patient about what his diagnosis was and how we were treating which hopefully decreased his anxiety which would also help with his breathing.
3. Document the changes in Vernon Watkins' vital signs throughout the scenario.
 - Vernon's vitals did not vary too much. His heart rate was elevated throughout the scenario, along with his BP. His oxygen sats did decrease but were able to be maintained with supplemental oxygen via nasal cannula. His pain remained at a 3, and I was unable to give any additional pain meds.
4. Identify and document key nursing diagnoses for Vernon Watkins.
 - Impaired gas exchange due to embolism in bilateral lungs would be the main nursing diagnosis for Vernon.
5. Referring to your feedback log, document the nursing care you provided.
 - Upon assessment of the patient, it was noted that he had increased leg and chest pain along with difficulty breathing. I obtained vitals and ECG which gave me back an abnormal finding to which I then called the physician and advised him of the findings. New orders were placed for heparin therapy along with further testing such as lab work and radiologic exams. After administering the heparin bolus and beginning the infusion therapy, he was taken for his tests which confirmed the diagnosis of a pulmonary embolism. The head of his bed was elevated upon assessing dyspnea. His IV site was assessed and maintained.

