

Guided Reflection Questions for Surgical Case 4: Vernon Watkins

Opening Questions

How did the scenario make you feel?

I felt like I could have done a lot better I forgot somethings that I know are a priority to do. I forgot to ask the patient about allergies before administering medications and once I realized that the patient wasn't breathing above 92% on 6LO2 I should have switched the patient to a high flow oxygen mask that could provide the patient with sufficient airflow above 6 liters.

Scenario Analysis Questions*

PCC/EBP/S Discuss your use of adjunct oxygen therapy for this patient, including why you chose a particular oxygen device, rate, and flow.

I chose a nasal cannula at 6L/min I attempted to titrate the patient up to 10L/min but then I realized that nothing was working. I decided to place a non-rebreather on the patient instead at 11L/min and brought the patient's SPO2 to 94%

PCC Discuss Vernon Watkins' arterial blood gas (ABG) analysis result and explain what caused this result.

Patient was in respiratory alkalosis. The patient was breathing at 24 breaths per minute. Because he was hyperventilating, he was blowing off too much CO2. This causes there to be more O2 in the blood and it to become alkalotic.

S/EBP Discuss the use of a heparin nomogram (guideline for heparin titration) and safety related to this intervention.

Nurses are responsible to take vital signs and lab values (PTINR) before administering the first dose of heparin. Thereafter PTINR lab values will be drawn on a continuous basis, so that providers can adjust the medication until it becomes a therapeutic dose. Continuous monitoring for side effects is essential. These patients are at a high increased risk for bleeding.

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

S: Vernon Watkins, 69-year-old, Male, post hemicolectomy, currently c/o pain to leg, dyspnea, and chest pain.

B: He presented to the E.R. with c/o nausea, vomiting, and severe abdominal pain. Diagnostic showed a bowel perforation. Patient was admitted and a hemicolectomy performed. He has a midline abdominal incision dressing dry and intact. Soft diet, tolerates well, with no reports of nausea or vomiting. Patient is on morphine for pain. Last dose given at 0700 am.

A: Patient is on 11LO2 per non-rebreather mask, maintained above 92%. Patient continues to c/o pain to chest and leg, and shortness of breath. Physician is aware and will be coming to see the patient. CT scan showed pulmonary embolism. Arterial blood gases reveal patient in respiratory

alkalosis. 12 lead EC and venous blood test obtained. Head of bed is elevated, and heparin administered as ordered. Patient educated on current diagnosis. R: I recommend the patient begin enoxaparin to prevent clotting. Also, to be on bleeding precautions due to heparin administration. Continue patient on 11LO2 to maintain SPO2 above 92%

- PCC** Discuss why Vernon Watkins may be at risk for right ventricular failure as a complication of his pulmonary embolism (PE).
Because there is a blockage in the lung the blood flow in the heart is backing up into the right ventricle cause the right ventricle to exert more force in order to attempt to push more blood out so the blood can get oxygenated. However, if the blood keeps pooling backwards and fresh oxygenated blood can't be replenished then the coronary arteries will have no oxygenated blood to be able to nourish the heart causing the heart to fail.
- PCC** Discuss how you would communicate with the patient in acute respiratory distress in this emergency situation and what effective communication techniques you would use.
I would use clear precise questions with short answers. This way the patient wouldn't have to exert too much to explain what is wrong. I would remain calm and observe all the patient's non-verbal cues. By doing this, would help me understand what the patient needs without them having to tell me, So they can focus on breathing more.

Concluding Questions

Consider what would have happened if Vernon Watkins' family members had been present at the bedside, and describe how you would have supported them during this acute episode. What would you do differently if you were to repeat this scenario? How would your patient care change?

I would first advise with Vernon if it was okay for me to discuss his healthcare with his family members present. If he said yes I would explain everything that is going on with him and also educate my patient while doing so. I would ask the family to help keep Vernon calm and try to help he breathe effectively. However because Vernon was in a lot of pain and he also couldn't breathe right I would have politely asked the family to step out while I try to get the patient stable. Also, because of all the tests and labs obtained.

* 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/>