

## Abby Woodyard

### Guided Reflection Questions for Surgical Case 4: Vernon Watkins

#### Opening Questions

How did the scenario make you feel?

This scenario made me feel prepared to take care of a patient that has difficulty breathing and has a DVT. This was like one of my patients on clinical, so it gave me more experience. I also feel that I knew what interventions to do for Vernon.

#### 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 to use a nasal cannula because his SpO<sub>2</sub> was at 93% and the orders said to keep him above 92%. I felt that this would deliver quickly and keep him maintained at where he needed to be. I also used 6L of oxygen at the beginning. When I checked his SpO<sub>2</sub> again, it was at 95%.
- PCC** Discuss Vernon Watkins' arterial blood gas (ABG) analysis result and explain what caused this result.  
He has Respiratory Alkalosis.  
He also showed mild hypoxia because he couldn't keep his O<sub>2</sub> saturation above 92%. He also was breathing at 24 breaths per minute. This means that he was blowing off a lot of carbon dioxide. Since he was hyperventilating, he felt shortness of breath.
- S/EBP** Discuss the use of a heparin nomogram (guideline for heparin titration) and safety related to this intervention.  
At first, nurses will obtain baseline vitals and labs and then give an IV bolus dose of Heparin. They will check the prothrombin labs again and titrate heparin to reach a therapeutic range.  
Heparin is needed but can cause an increased risk for bleeding. It is important to watch and assessed vital signs on this patient frequently.
- 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 is a 69-year-old- Caucasian male who just went under a hemicolectomy. As I went into the room he was complaining of shortness of breath, trouble breathing, and pain in his leg.  
B: He came into the ER for nausea and vomiting and abdominal pain. He came in for a bowel perforation and got a hemicolectomy. He has a midline abdominal

incision and now is declining to get out of bed to walk. He now is complaining of shortness of breath and pain in his leg. His pain level was a 3/10.

A: I placed the nasal cannula on him at 6L to maintain his O<sub>2</sub> above 92%. This helped him and he got up to about 95% most of the time. ABG's, Venous blood tests, CT scan, 12-lead ECG has been obtained. Heparin was ordered as well as a IV bolus of Heparin.

R- I recommend that you come see the patient if possible and that he goes on anticoagulants to help stop blood clots from forming. I also suggest that he is always monitored with ECG and lungs.

**PCC** Discuss why Vernon Watkins may be at risk for right ventricular failure as a complication of his pulmonary embolism (PE).

Vernon might be at risk for right ventricular failure as a complication of his pulmonary embolism because this increases the work of his heart and it creates a sudden increase in pulmonary resistance. This also increases the work that the right ventricle has to do, which is why it can cause right ventricular failure.

**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 first make sure that I am staying calm and giving clear directions because that is important to do for my patient. I also want to keep my patient calm and comfortable to help reduce anxiety, which will also help his breathing. I want to be assertive and take control in these situations to be on my feet more and to be able to respond quickly to emergencies.

## 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.

I would make sure to always include the families in their care and to keep them informed whenever anything changes in the patient's status. I would also make sure to allow them time to ask questions and make sure to give them full answers. I would also reassure them that we will do everything we can to help Mr. Watkins.

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

If I had to repeat this scenario, I would make sure to attach the ECG earlier and remember to work less invasive to more invasive. I would raise the head of the bed sooner and make sure to call the physician sooner as well. My patient care would change by being faster at reacting to the problem.

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\* *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/>*