

Guided Reflection Questions for Surgical Case 4: Vernon Watkins

Opening Questions

How did the scenario make you feel?

This scenario challenged me because I was nervous dealing with a respiratory distress episode.

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 my patient to be on 2 L nasal cannula at first and when I seen that the patient was still 89% titrated it to 4. Since the patient was still not tolerating that I placed him on 6L.

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

Vernon's ABG's showed respiratory alkalosis due to his increased respiratory rate that was occurring due to compensation of his hypoxia.

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

The heparin was administered first as an IV bolus at 6,400 U/kg IV and then was a continuous IV at 1,440 U/kg. Heparin is titrated based on the patients vital signs, symptoms, and especially bleeding times.

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

Vernon Watkins is a 69-year-old male who came from postop of a hemicolectomy. He started complaining of inability to breath. His respirations were around 22-26 throughout, and SpO2 decreased from 96%-88% in which I had placed him on 6L NC. I called the provider and he ordered a CXR, CT with contrast, venous blood sampling, and an ABG. The CT came back for pulmonary emboli. The ABG's came back with results consistent of respiratory alkalosis with milk hypoxemia. I administered IV heparin.

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

In Vernon's case he had increased work of breathing due to a blockage of the lungs which increased resistance to his breathing. When work of breathing increases so does the work of the heart and the right ventricle, which could cause right ventricular failure.

PCC Discuss how you would communicate with the patient in acute respiratory distress in this emergency and what effective communication techniques you would use.

I would explain to the patient that we were doing everything to prevent further complications, and to decrease his discomfort. I would also educate him on any medications, treatments, and imaging we want to use to monitor the blood clots from getting worse.

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 have supported Vernon's family by educating them on the medications, treatments, and procedures we were using to help his case. I would also sit them aside and answer any questions the family might have about what is happening. If I did this scenario again I would organize my care a bit better by immediately assessing his respiratory status, changing my patient care by catching the problem sooner.

** 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/>*