Surgical Case 4: Vernon Watkins Documentation Assignments

1. Document Vernon Watkins' respiratory assessment that occurred in the case.

When I first started my interaction with Vernon, he immediately complained of being unable to breath. I repositioned him, and assessed his vital signs in which were BP 149/89, 25 respirations, heart rate of 103, SpO2 of 96% and a temperature of 99 degrees Fahrenheit. I listened to his lung and heart sounds which were WNL.

2. Document the actions during the acute respiratory distress episode.

The actions I took while the patient was in respiratory distress included repositioning, monitoring the vital signs, administering oxygen, and listened to the patients lungs.

3. Document the changes in Vernon Watkins' vital signs throughout the scenario.

As the situation moved on the patients heart rate and blood pressure increased gradually, and the Spo2 gradually fell even with oxygen on.

4. Identify and document key nursing diagnoses for Vernon Watkins.

Some nursing diagnoses I would use for Vernon include, ineffective oxygenation, ineffective tissue perfusion, and risk for shock. I said ineffective oxygenation and tissue perfusion because the blood clot travelled to his lungs inhibiting his ability to perfuse his lungs effectively. I said risk for shock due to the increased risk for hypovolemic shock related to the pulmonary embolism.

5. Referring to your feedback log, document the nursing care you provided.

I first introduced myself, washed my nails, and identified my patient. When I was working throughout the simulation the patient complained of severe dyspnea so I sat him up and obtained vital signs. I also applied continuous ECG and SpO2 to monitor the patient throughout. I assessed the patients abdominal dressing which was dry and intact. The patient started complaining of pain, so I assessed the rating in which was a 3/10, radiation, what makes it feel worse and better. I called the doctor to relay my assessments and he ordered a CXR, CT scan with contrast, ABG's, and a venous sample. The CXR came back within normal limits but the CT scan showed an emboli in the lung. The doctor had ordered Heparin bolus 80units/kg which the patient received 6,400 units and then IV heparin in d5w at 1440 units an hour. I asked if the patient had any allergies before administering the Heparin. I also assessed the IV site before infusing.