Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
2. When reflecting on the care of Stan Checketts, what are signs and symptoms you can assess in the next patient you care for who might be at risk for dehydration?

   I would assess for these signs and symptoms of dehydration:
   Dry mouth, poor skin turgor, elevated temperature, intake and output of fluids, LOC and review his labs. Particularly their BUN and Creatinine levels.

3. Discuss signs and symptoms of hypovolemic shock.

   The signs and symptoms of hypovolemic shock are:
   Weakness, cold and clammy skin, pallor, fatigue, dizziness or fainting, nausea and vomiting, increased heart rate, increased respirations confusion and decreased urinary output. Hypovolemic shock is a medical emergency and needs to be addressed right away.

4. Discuss assessment and expected findings in a small bowel obstruction.
5. What key questions does the nurse ask in an acute abdominal pain assessment?

   The key questions I would ask in an acute abdominal pain assessment would be:
   Where is the pain located? Is there anything that makes the pain worse/better? Do they have nausea /vomiting? Are they able to pass flatus? When was their last bowel movement? Do they have pain while moving their bowels? While assessing (palpating) their abdomen, I would ask if there is any pain while I'm pressing or letting go. I would ask for a pain rate from 1-10 and ask them to describe the pain: stabbing, dull, sharp, continuous, etc.

6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

   SBAR for Stan Checkett:

   S: The patient is presented with Hypovolemic shock. A nasogastric tube has been placed with intermittent wall suction. He is on 3L O2 per nasal canula to keep SpO2 >92%, he is currently at 94% NC SL. He received an IV Bolus of 500 mg of Normal Saline. His IV site is

patent. It is located in his RAC with a 20gauge Saline lock. He was administered Buprenprhine 0.3 mg Slow IV push for pain and Ondansteron 4 mg Slow IV push, both at 1400. Both meds were effective. The HOB remains at 30 degrees. ECG showed elevated heart rate and his abdominal series showed a small bowel obstruction and proper nasogastric placement.

B: He was admitted with severe abdominal pain and Nausea and vomiting the past 2 days.

A: His bowels sounds are hypoactive. His abdomen is distended. His pain was at a 4/10 during palpation. He has decreased urinary output. His respirations are high at 28. Slightly elevated temperature at 99.0. Skin is cold and clammy. He is alert and oriented and able to respond well. His heart rate is running at 120. IV site is patent.

R: The physician is coming to speak with the patient. Patient will most likely be prepped for surgical repair for small bowel obstruction. Patient teaching regarding procedure needs completed and a signed consent for surgery.

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