

Princess Hernandez

Surgical Case 3: Doris Bowman

Guided Reflection Questions

1. How did the scenario make you feel?
 - At first, I did not know what to do how to start the Vsim. However, this scenario got me critical thinking. I feel like I got to do what I learned during lecture and lab. Doing the assessment, checking the doctor's orders, nursing intervention that need to be done. It was fun learning on how I can adapt this situation in real life.
2. What further intervention would have been required if naloxone hydrochloride (Narcan) had not been effective in this case?
 - If the first dose of naloxone hydrochloride was not effective within 2-3 minutes, another dose should be given. Repeated doses may be necessary if a person continues to show signs of respiratory depression. Also, I would administer high level of oxygen manually to support breathing.
3. Discuss readiness for discharge from PACU criteria.
 - The patient remains in the PACU until fully recovered from the anesthetic agent. The indicators of recovery include stable blood pressure, adequate respiratory function, and adequate oxygen saturation level compared with baseline.
 - They use the Aldrete score to determine the patient's general condition and readiness for transfer from the PACU. During the recovery period of the patient, the patient's physical signs are observed and evaluated by means of a scoring system based on a set of objective criteria. The evaluation guide allows an objective assessment of the patient's condition in the PACU. The patient is assessed at regular intervals, and a total score is calculated and recorded on the assessment record. To be discharge from the PACU, the Aldrete score is usually between 7 to 10. If it is less than 7, they must remain in the PACU until their condition improves or until they are transferred to an ICU, depending on their preoperative baseline score.
4. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 - Key elements that I would include in the report of this patient would be: in SBAR form.
 - Situation: The patient report having a pain of 6/10. Report the most recent vital signs. Give her morphine 2.0 mg IV push, patient had reaction of severe respiratory depression. Support breathing with ventilation and gave naloxone .02 mg IV push. When the patient improves patient education provided, and the new orders put in my the doctor.
 - Background: She underwent a total abdominal hysterectomy with bilateral salpingo-oophorectomy with general anesthesia

- Assessment: Assessed patient vital signs 15 minutes after first assessment. Everything is normal and pain decrease to 2/10.
 - Recommendation: Monitor patient continuously.
- 5. What further complications could have occurred if the respiratory depression had not resolved?
 - If respiration depression had not been resolved, patient can have serious reactions such as respiratory arrest, cardiac arrest, brain damage, coma or even lead to death.
- 6. If Doris Bowman's family members had been present during the scenario, describe how you would support them when her condition deteriorated.
 - If Doris Bowman's family members where present when she went into respiratory distress, I would explain and educate the family members that this can be a normal side effect that can occurs with Morphine. I would explain that we administer naloxone that will reverse this effect. I will make sure that they have emotional support and as much as possible explain to family what is being done and when the patient is stable and recovered.
- 7. What would you do differently if you were to repeat this scenario? How would your patient care change?
 - If I repeat this scenario, I will make sure to be more organized with how I did the assessment. I would be sure to maintain adequate ventilations of 10-12 per breath and make sure the correct amount of O₂ of 10 L is being given. I was surprised when she started to cough when we start the ventilation so I didn't have a chance to raise the ventilation of 10 because I was afraid that I would mess up the simulation if I raised the ventilation and O₂. I will make sure to learn more on what I supposed to do on that kind of situation.