

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
 - a. The scenario made me feel like I wanted to learn more about what to do for interventions, quicker. It made me feel like I need to respond quicker to relieve my client of pain and I also didn't want something serious like, an arrest, to occur before my interventions were performed. So, it is important to me to know all of the steps so that I am more fluent the next time. On the other hand, I also felt accomplished when the patient started to feel better because I provided the "right" interventions.
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?
 - a. I can assess blood pressure, skin turgor, and BUN lab values.
3. Discuss signs and symptoms of hypovolemic shock.
 - a. decreased level of consciousness
 - b. acute kidney injury
 - c. stress ulcer
 - d. dysrhythmias

According to Lippincott, When the blood pressure decreases from loss of fluid volume, impairment of renal function can occur. A lack of adequate blood supply to the myocardium can lead to dysrhythmias. As blood flow to the brain becomes impaired, mental status deteriorates. Gastrointestinal ischemia can cause stress ulcers. Respiratory complications are hypoxemia, atelectasis, and pulmonary edema.
4. Discuss assessment and expected findings in a small bowel obstruction.
 - a. Hyperactive bowel sounds
 - b. Inability to expel flatus
 - c. Abdominal distention
 - d. Adhesions (common cause)
 - e. Decreased urine output
5. What key questions does the nurse ask in an acute abdominal pain assessment?
 - a. Are you in pain?
 - b. Can you rate your pain on a scale of 0-10? Zero= no pain, ten= the worse you can imagine.
 - c. Where is the pain located?
 - d. When did the pain begin?

- e. How long does it last?
 - f. Is there anything that makes the pain better or worse?
 - g. Have you taken anything for the pain? What did you take? How many mg? When was the last time taken?
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
 - a. Elevated BUN, Hgb, Hct levels. Elevated Sodium levels, abnormal potassium and chloride levels, many more but unable to retrieve
 7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
 - a. Auscultation of air insufflated through the feeding tube ('whoosh' test)
 - b. Testing the acidity/alkalinity of aspirate using blue litmus paper.
 - c. Interpreting the absence of respiratory distress as an indicator of correct positioning.
 - d. Monitoring bubbling at the end of the tube.
 - e. Abdominal X-Ray
 8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 1. Situation
 - a. Fifty-two y/o Caucasian male entered the emergency room c/o of nausea, vomiting, and pain in his stomach. His abdomen is distended, and he is in respiratory distress. He is at risk for deficient fluid volume as evidenced by decreased urine output. Patient showing signs of bowel obstruction.
 2. Background
 - a. Pt. had an appendectomy and hernia repair in the past. Pt. did not list exact dates. Pt is 52 y/o Caucasian male. Pt. marital status unknown. Pt. Religious preferences unknown.
 3. Assessment
 - a. Vital signs
 - i. HR-112
 - ii. Respirations-28
 - iii. B/P-108/76
 - iv. O2-95%
 - v. Temp-99 degrees Fahrenheit
 - b. ECG-Sinus Tachycardia
 - c. Lung sounds normal bilaterally
 - d. Heart sound normal
 - e. Pt. is alert and oriented to place and time

- f. Pt. stated upon hand-off "No. I do not have pain."
- g. Pt. Skin is cold. Pt. also has decreased skin turgor
- h. NG tube inserted and B/P consistently monitored
- i. IV infusion of 500ml NS every 30 min. administered
- j. IV ondansetron 4mg every 6 hours for nausea
- k. Pt. is NPO
- l. IV pain med administered

4. Recommendation

- a. Maintain pain meds every 4 hours
- b. Maintain the NS every 30 mins at 500 ml
- c. Maintain ondansetron every 6 hours for nausea
- d. Maintain NPO status and precautions until doctor changes order.
- e. Maintain routine V/S
- f. Continue monitoring ECG
- g. Continue CBC orders
- h. Keep checking nausea status

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

I would have checked on his nausea again before handing him off to another nurse. I would have also educated him on the findings of the abdominal x-ray. It would change because I will be able to monitor my patient's progress. The goal is to improve patient outcomes and if I maintain these than it will increase my patient's outcomes. Especially if I am constantly monitoring and providing the medications according to the orders given.