Surgical Case 2: Stan Checketts

Documentation Assignments

1. Document your focused assessment of Stan Checketts' abdomen.
   Hyperactive sounds in all 4 quadrants with distention. Abdomen is bloated and tender with small scars from previous surgeries noted. Skin is sweaty and cool with signs of tenting. Complains of pain in stomach, 4/10. No CVA tenderness.

2. Document immediate priority actions related to the treatment of hypovolemic shock.
   The prioroty would be replace fluids lost. A saline or lactated Ringer's solution would be appropriate. It is also important to assess for where the fluid loss is coming from, such as, bleeding or if it is from diarrhea or vomiting. Trendelenburg position is also recommened for hypovolemic shock to assist in fluid redistribution.

3. Create a nursing note reflecting priority assessments, interventions, and method of evaluation as they relate to the care of a patient experiencing signs of hypovolemic shock.
   Priority assessment is to find the cause of the fluid loss; either by hemorrhage or diarrhea or vomiting. Priority intervention is to restore intravascular volume. Daily weights and accurate I&O should be evaluated for patients experiencing hypovolemic shock.

4. Document the two sets of vital signs (before and after nursing interventions) in the Stan Checketts scenario.

	Before	After
Respirations:	28	28
O2	90%	94%
B/P	110/79	113/80
HR	130, regular	116
Temperature	37 C	37 C
Pain	4/10	3/10

5. Identify and document key nursing diagnoses for Stan Checketts.
   Deficient fluid volume related to inadequate fluid volume intake as evidenced by hypovolemic shock.

6. Referring to your feedback log, document the nursing care you provided to Stan Checketts. Include an SBAR note with recommendations reflecting the key assessments the oncoming nurse should be alert to when monitoring Stan Checketts.

I began by introducing myself and asking the patient to verify his name and date of birth. I follow this with washing my hands and asking the patient if they had any allergies. I then collected vital and auscultated the heart and lungs. I inspected the abdomen and then assessed for pain. I assessed for pain level and nausea. I set the ECG up as ordered by the physican to monitor his heart. I assess the IV and started the normal saline IV solution and slowly administered the morphine 2mg after verification with a second nurse and flushing. I flushed the IV again before administering the ondasetron 4mg for his nausea and flushed again. I assess the patient respirations and placed an NG tube in as ordered on low suction. X-ray was ordered to confirm placement. A nasal cannula was placed per order on 2L/min. Repirations were reassessed and patient was given education on his current status.

S: Mr. Checketts was admitted with severe abdominal pain. Radiology showed a small bowel obstruction.

B: Stan Checketts is a 52-year-old male admitted last night with a history of surgeries more than 5 years ago. He is allergic to Demerol. He has had worsening abdominal pain, nausea, and vomiting. The patient is a widower.

A: He has nausea and received ondansetron and has had a good affect. O2 saturation are 94% on nasal cannula. Heart rate 117, temperature 37C, pain level 4 out of 10, A&O x4, and on a 3-lead ECG showing sinus tachycardia. A bolus infusion of normal saline is administered due to dehydration. Small bowel obstruction is diagnosed with CT enterography.

R: Continue to monitor vital signs and respiratory assessment every 15 minutes. Follow up with the provider regarding the plan.

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

I felt better prepared. I knew where to go on the chart for orders and felt more confident in my decisions.

Scenario Analysis Questions*

PCC/EBP/S 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?
Assess for skin turgor, headache, and nausea.

EBP/QI Discuss signs and symptoms of hypovolemic shock.
S/S of hypovolemic shock include hypotension, tachycardia, tachypnea, decrease in LOC, cool and sweaty skin.

PCC/EBP Discuss assessment and expected findings in a small bowel obstruction.
Assessment abdomen for small bowel obstruction. Expected findings include: abdominal pain, decrease in appetite, constipation, vomiting,

inability to have a bowel movement or flatulance, and a distended abdomen.

PCC/S/I/EBP What key questions does the nurse ask in an acute abdominal pain assessment?

- ***Changes in appetite***
- ***Any unintentional weight loss or gain***
- ***Having trouble swallowing***
- ***Nausea or episodes of vomiting***
- ***Any changes to bowel patterns***
- ***Alcohol or smoking***
- ***What medications currently taking***
- ***Any abdominal pain***

PCC/EBP/S In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

Elevated hematocrit, pH, and HCO3 suggests metabolic alkalosis.

PCC/EBP/S Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?

A pH strip is used to confirm pH <5 or an x-ray to confirm placement.

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

S: Stan Checketts is a 52-year-old white male was admitted with severe abdominal pain. Radiology showed a small bowel obstruction.

B: The client has history of surgeries more than 5 years ago. He is allergic to Demerol. He has had worsening abdominal pain, nausea, and vomiting. The patient is a widower.

A: He has nausea and received ondansetron and has had a good affect. O2 saturation are 94% on nasal cannula. Heart rate 117, temperature 37C, pain level 4 out of 10, A&O x4, and on a 3-lead ECG showing sinus tachycardia. A bolus infusion of normal saline is administered due to dehydration. Small bowel obstruction is diagnosed with CT enterography.

R: Continue to monitor vital signs and respiratory assessment every 15 minutes. Follow up with the provider regarding the plan.

Concluding Questions

What would you do differently if you were to repeat this scenario? How would your patient care change? **I would place the NG tube before the nasal cannula.**

* *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/*