Opening Questions

How did the scenario make you feel?

This scenario made me feel more confident with the virtual simulations and my nursing skills because I could flow very smoothly through the simulation. I was not as nervous as usual; I feel more confident each time I do a new simulation.

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?

A few signs to assess for dehydration include assessing dark yellow and strong-smelling urine, dizziness, fatigue, dry mucous membranes, and scant urine output (NHS Choices, 2019).

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Signs and symptoms of hypovolemic shock include muscle cramps, orthostatic hypotension, agitation, lethargy, and confusion (Taghavi & Askari, 2021).

PCC/EBP Discuss assessment and expected findings in a small bowel obstruction.

The most common presentation of a small bowel obstruction includes abdominal pain, distention, nausea, and vomiting (Schick & Meseeha, 2018). Bowel sounds could be hypoactive and high-pitched (Schick & Meseeha, 2018). There may be signs of dehydration and sepsis depending on the blockage. The nurse should evaluate for hernias, surgical scars, masses, and fecal impaction as possible causes of the small bowel obstruction (Schick & Meseeha, 2018).

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

In an acute abdominal pain assessment, the nurse should use the acronym PQRST.

P- Precipitating and palliating factors: what caused the pain?

Q- Quality of pain: Can you describe the pain? How severe is your pain?

R- Radiation: Does the pain radiate to any other site on your body?

S- Site of pain: Where is your pain located

T- Timing of pain: When did the pain start? What were you doing when the pain first occurred?

(Gauchan, 2019)

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

The abnormalities noted in Mr. Checketts' laboratory values included sodium, bun urea nitrogen, creatinine, hemoglobin, hematocrit, and white blood cell count.

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?

The two accepted methods of confirming the placement of a nasogastric (NG) tube include measuring the NG aspirate pH and obtaining a chest X-ray (Interpretation, 2017).

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.

Mr. Checkett is a 52-year-old Caucasian male admitted last night with severe abdominal pain, and radiology shows a small bowel obstruction. Mr. Checkett has a history of surgeries more than five years ago. Mr. Checkett has experienced worsening abdominal pain, nausea, and vomiting. Mr. Checkett received Ondansetron for his nausea. Is ECG showed sinus tachycardia, and his heart rate was 117 bpm. A bolus infusion of normal saline was administered due to dehydration. Mr. Checkett's vital signs and respiratory status should be monitored every 15 minutes.

Concluding Questions

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

Although I feel Like I did well, there is always something that can be improved. In this situation, I would have made sure I would have asked about any allergies; this is a critical step to remember when giving any medication. I also would have assessed the patient's nausea, not just his pain.

References

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