

## Opening Questions

How did the scenario make you feel?

I felt prepared for this scenario and the patient remained stable throughout the entire simulation. I went through the vitals, head to toe assessment, medications, and other orders without any problems (other than needing to restart the vSim 7 times, since it would always freeze on me).

## 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?

Symptoms and signs present in the simulation that I could assess in the future that could indicate dehydration include dry mucous membranes, dizziness, tenting of the skin, and BUN levels.

**EBP/QI** Discuss signs and symptoms of hypovolemic shock.

Signs of hypovolemic shock include hypotension, tachycardia, altered mental status, abnormal urine output, delayed capillary refill, poor skin turgor, dry mucous membranes, and cyanosis. Symptoms are related to a fluid deficit or electrolyte imbalance, so they could be pain in the abdomen or chest from ischemia, thirst, muscle cramps, or confusion (Taghavi & Askari, 2022).

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

A small bowel obstruction leads to impaired function of the intestines, which would reduce absorption. Therefore, dehydration and electrolyte imbalances are expected findings and could be represented in the basic metabolic panel. Physical findings that may be found on a focused assessment of the GI system are abdominal distention and tenderness along with hyperactive bowel sounds as the body struggles to overcome the blockage.

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

A key question to ask for acute abdominal pain is the location of the pain because it can give an idea of the reason behind the patient's complaint. The nurse would also want to know when the pain occurred and medical history that could be related to the pain. We also want to know the severity and characteristics of the pain. These questions facilitate interventions and lead the course of treatment.

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

WBC were elevated (inflammation), chloride was low (poor absorption), HCO<sub>3</sub> was elevated (metabolic alkalosis), and BUN was elevated (dehydration).

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 placement of an NG tube is usually confirmed with the use of an x-ray.

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 was admitted with abdominal pain. Impression is small bowel obstruction based on assessment and diagnostic tests. Current treatment plan is unknown.

B - Stan Checketts is a 52 year old male with a chief complaint of abdominal pain with nausea and vomiting. He has a history of cholecystectomy, appendectomy, and inguinal hernia repair that occurred over 5 years ago. He is allergic to Demerol. Lives alone.

A - Alert and oriented x4. BP (108/79), respirations (28), SpO<sub>2</sub> (94% on 2L NC), pulse (117), temperature (98.6 degrees F tympanic). ECG shows sinus tachycardia. Patient has nausea and vomiting, which improved after 4 g ondansetron was given. Pain is a 4 out of 10 and is unrelieved by 2g morphine through IV. Vitals are taken every 15 minutes. A 500 mL saline bolus is infused for dehydration with BUN being 40. NG tube is placed for intermittent suction. Abdomen is tender and bowel sounds are hyperactive. Lung sounds are normal bilaterally. Heart sounds are normal. CT scan of the abdomen indicates small bowel obstruction. Patient is educated on findings.

R - Monitor vitals every 15 minutes. Assess SpO2 to make sure it is above 92% and adjust oxygen flow as needed. Follow up with the provider about the treatment plan.

### Concluding Questions

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

The part I realized I forgot was educating the patient, so that would definitely be done differently the next time around as teaching the patient is always an important component of their care.