

## Documentation Assignments

1. Document Carl Shapiro's cardiac rhythms that occurred in the scenario. Initially, the patient's cardiac rhythm during the scenario was a sinus rhythm. After he stated that he was having chest pain, he went into ventricular fibrillation. With CPR and defibrillation, his sinus rhythm was restored.
2. Document the changes in Carl Shapiro's vital signs throughout the scenario. The patient's vitals were stable before the cardiac arrest. RR was 12; O<sub>2</sub> saturation was 96% on 2 L per nasal cannula; HR 82; sinus rhythm with ventricular premature beats; bp 125/75 mmHg, temperature 98.6. He was A&Ox4. After he CPR and defibrillation his vitals were: RR 22; O<sub>2</sub> saturation 95% on oxygen 4L per nasal cannula; HR 90, sinus rhythm, BP 105/60 and no change in temperature. He was A&Ox4.
3. Identify and document key nursing diagnoses for Carl Shapiro.  
Risk for decreased cardiac output related to left ventricular failure  
Risk for infective peripheral tissue perfusion related to decreased cardiac output
4. Referring to your feedback log, document the assessment findings and nursing care you provided.  
When I entered the room, I took the vitals of the patient. All values were within normal range except that there were ventricular premature beats. I washed my hands and then asked about any allergies. I quickly identified the patient and assessed his IV. The site had no redness, swelling, infiltration, bleeding, or drainage. The dressing was dry and intact. I then reviewed the orders. I attached the NIBP, the 12-lead ECG and checked his radial pulse which was 85/minute and regular. I checked the pedal pulse bilaterally which was also 85/minute and regular. I then check the carotid pulse, 85/minute regular. The capillary refill time was less than 2 seconds. Respirations were 12 breaths and were equal. I then auscultated the patient's heart. There were no murmurs. I asked the patient about pain and he replied "It felt like an elephant sat on my chest. Seems like it comes and goes. Right now, I am not in any pain." He stated that he did not have any pain. He also stated that nothing made the pain better. He stated that the pain lasted for "half an hour, maybe." He rated the pain 5/10. I activated the code team after the patient developed ventricular fibrillation. Started CPR 30/2, with chest compressions. The defibrillator pads were attached. The defibrillator was turned on. CPR was stopped. AED gave a "Shock needed" message and the shock was delivered. CPR was resumed. The patient obtained a return of spontaneous circulation (ROSC). CPR was stopped. Patient status was sinus rhythm with ventricular premature beats. HR 90; pulse: weak. BP: 78/46; respiration 8. SpO<sub>2</sub>: 96%; Temp: 98.6. I performed a patient handoff.