

Shanique Spence

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

- At first, I was confused when my patient suddenly went into cardiac arrest when he was just feeling fine. I had to redo the simulation a second time and that's when I started to realize what needed to be done. I decided to do it a 3rd time to improve but giving CPR with AED was difficult on the computer. I still messed up, but it was a good learning experience.

Scenario Analysis Questions*

PCC What could have been the causes of Carl Shapiro's ventricular fibrillation?

- His history of hypertension, and maybe a family history of heart disease

EBP When performing CPR for Carl Shapiro, what are the quality indicators you are performing resuscitation correctly?

- Should maintain compression depth of 2 inches, allowing for full chest recoil.
- Compression rate of 100 beats
- No interruption of chest compressions unless to shock patient

S If Carl Shapiro would have had a return of spontaneous circulation (ROSC), what would your next interventions be?

- Oxygenate the patient
- Treat hypotension
- Suggest order of new labs
- Maintain hemodynamic stability

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

- 54-year-old male patient comes to ED complaining of chest pain, with diaphoresis. Treated with sublingual nitro twice, and aspirin. Chest pain improved after nitro, rated pain 0/10 after 2nd dose. The patient went into V-fib after a chest x-ray was given an AED was used to shock the patient before ROSC. He is no longer in V-fib and is now recovering. I recommend close monitoring cardiac floor and further tests for prevention with the physician.

Concluding Questions

If Carl Shapiro's family members had been present at the bedside during the arrest, describe what you could have done to support them during this crisis.

- I would first have them leave the room because it can be traumatic. Give them a private space and then explain what is happening. Also, keep them updated on his condition.

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

- I would react more rapidly, especially when he went into cardiac arrest.

* *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/>*