

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

The scenario made me have adrenaline because I was not expecting my patient to code. I thought I “killed” my patient, but I realized that CPR and AED was a critical part in my care. I immediately knew what to do and I waited for my patient to regain his consciousness. I felt good, knowing that I saved my patient’s life with prompt and intense CPR. Overall, it made me feel reassured knowing that I could do this in real life.

Scenario Analysis Questions*

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

The cardiac enzyme lab studies of troponin and CK-MB were probably elevated, leading to his V-Fib. Elevated levels indicate a potential myocardial injury. The ST segment on the ECG would be elevated and his smoking could have been another factor of his V-Fib, as well as his history of high blood pressure.

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

Some quality indicators of CPR would be seeing full chest recoil with compressions. It would have to be at a rate of at least 100 compressions a minute. CPR should be performed at a rate of 30 compressions to 2 breaths. Compressions should be done at least 2 inches in depth. Before applying the AED, check to see if patient is responsive and has a pulse. Check their carotid pulse. After applying the AED pads, make sure to listen carefully. If the AED is saying analyzing rhythm, make sure no one is touching the patient. Call clear and if the AED is advising a shock, clear again.

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

If Mr. Shapiro had ROSC, my next interventions would be to wait for the code team to arrive and perform patient handoff. I would make sure he is responsive with a palpable pulse and that his vitals are stable.

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

My SBAR would be as follows: “Carl Shapiro is a 54-year-old male who was given 2 doses of NTG and aspirin in the ED for chest pain. He complained of chest pain and trouble breathing. He said he felt like an “elephant sitting on his chest.” Chest pain improved after medication, and I took vitals. Lab values are pending and provider wants to be called as soon as the labs are available. He is on 2L of Nasal Cannula and has IV Normal Saline at 25 mL/hr. He had coded and ECG showed Ventricular Fibrillation. Called code team and began CPR. After analyzing heart rhythm and delivering shock from AED, patient regained consciousness. He is alert & oriented x4

and his family will have to talk to the doctor. Please perform a neurological check along with his vitals every 15 minutes and follow up with the provider for the plan.

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 have them leave if they began to panic because they might prevent me and my team from delivering quality CPR. If anything, I would have one member stay and have them stay on one end of the room to make sure they are not touching Mr. Shapiro. I would also encourage them to speak with the doctor to get a diagnosis. I would explain to his family what happened in a calm tone and address any questions or concerns they would have afterwards.

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

I would not do anything differently. I did the best that I could, and I performed high quality CPR.

** 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/>*