

- 1. Document Carl Shapiro's cardiac rhythms that occurred in the scenario.** (V- Fib)
- 2. Document the changes in Carl Shapiro's vital signs throughout the scenario.** Carl's vitals were normal, his blood pressure was a little high. After a few minutes into doing my assessment and administering medication he developed V-fib and became AOx0
- 3. Identify and document key nursing diagnoses for Carl Shapiro.**(Risk for decreased cardiac output related to left ventricular failure.)(Risk for ineffective peripheral tissue perfusion related to decreased cardiac output).
- 4. Referring to your feedback log, document the assessment findings and nursing care you provide .** I asked the patient about any pain he may have experienced .He was not in any pain at the time however, he did say that the pain comes and goes. I Attached pulse oximeter to the left forefinger to monitor saturation and pulse. Assessed vital signs. Attached 3-lead ECG. Assessed patients IV. There was no redness, swelling, infiltration, bleeding, or drainage.. Auscultated heart sounds.Normal heart sounds heard. Activated code team after patient developed ventricular fibrillation. Started CPR at 30:2 ratio with chest compressions. I then Placed the backboard under the patient. Attached the defibrillator pads. Turned on AED and delivered shock as directed by AED. Continued Compressions. Patient resumed breathing . I then did An SBAR hand off .

Guided Reflection scenario analysis questions

How did the scenario make you feel? The scenario was very nerve racking because I knew that my intervention determined if this patient would regain consciousness and a stable heart rate.

What could have been the causes of Carl Shapiro's ventricular fibrillation? Carl's ventricular Fibrillation could have been caused by elevated levels of troponin and the Ck-MB these cardiac biomarkers are indicators of a possible myocardial injury this injury could have led to the ventricular fibrillation .

When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly? Quality indicators that cpr is being done correctly is seeing a full chest recoil. When it comes to safety aspects during defibrillation the first thing that needs to be done is a pulse check then ensure that the pads are placed in the correct spot and adhere to the chest properly . Allow the machine to detect the heart rhythm . Clear the patient and anything touching the patient and allow the machine to deliver shock effectively. After continued compressions pulse check to determine if the patient has a pulse.

If Carl Shapiro would have had a return of spontaneous circulation (ROSC), what would your next interventions be? If Carl Shapiro had a return of spontaneous circulation The intervention would be to apply oxygen at the lowest rate and maintain SPO2 at 92% or above according to the doctor's order. Perform 12 lead ECG to diagnose Myocardial infarction STEMI or NSTEMI and treat / plan accordingly to prevent further complications .

What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. I would include a 54-year-old male was seen in the ER for c/o chest pain with diaphoresis. He was Treated with aspirin and sublingual nitro x2. His Chest pain improved with nitro, and rated the pain 0/10 after the 2nd dose.MR Shapiro was assessed at bedside and denied any c/o of pain or SOB. After chest x-ray was performed, the patient went into V Fib, emergency protocol was implemented, CPR given to the patient and AED was used to shock patient x2 before ROSC. I would recommend that he should be closely monitored on the telemetry unit . Further instructions from the provider to prevent this from occurring again

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. If his family was at the bedside I would have encouraged them to remain calm and lead them out of the room so that thing would be alot easier when administering care. I would also keep them updated about his progress.

What would you do differently if you were to repeat this scenario? How would your patient care change? If I had to repeat this scenario I would be more efficient and move quickly. After seeing that he lost Consciousness.