

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

This scenario came in knowing it had to do with a possible MI and had me a little confident in knowing the possible interventions I would have to do and the things I had to monitor for. But when starting it, the patient wasn't experiencing any signs of respiratory distress or any pain. Hence, I was able to start doing my regular assessments as well as vital signs and assessing their pain. Now when things started to get challenging for me I started to panic and was anxious I wasn't going to act fast as my patient is dying which is something I usually do when things get complicated but I just tried my best to do what was acquired for the patient and act fast. It really made me realize how in real life these things need to be done in an orderly manner as well as fast-paced but effective because a person's life is at risk so it's very important to act fast. This virtual scenario was very helpful for me as I can make mistakes here and learn from them so that in real life I know what to do and when to do them.

Scenario Analysis Questions*

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

What I believe could have been the cause of this patient's ventricular fibrillation is how he was given two doses of nitroglycerin and that seemed to help but for some time up until maybe it started to wear off and an additional dose would've been given since I know it's given up to three doses. I'm not quite sure other than the medication reasons that could have caused him to go into ventricular fibrillation, maybe the condition he was in was already too deep into it that the interventions weren't enough so further interventions were needed.

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

While performing CPR, some quality indicators that I am performing resuscitation correctly was making sure that I started initiating CPR quickly at a rate of 100 compressions per minute as well as 30 compressions with 2 breaths. I also made sure to call for her so that when I became tired, I had a team with me to bring the defibrillator as well as help with taking turns providing adequate CPR.

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

An intervention would be making sure he was receiving high amounts of oxygen and monitoring them every 5 minutes for an hour to make sure they're doing okay. I also want to make sure they receive adequate blood circulation to the rest of the body and promote circulation by checking their lab work, especially their cardiac enzymes after the MI.

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

After my simulation and the current incident that has happened, my SBAR would be: S- Patient Carl Shapiro experienced cardiac arrest but now is stable due to a return of spontaneous circulation. B- Carl Shapiro is a 54-year-old male admitted to the emergency department today with complaints of chest pain and shortness of breath. He was then diagnosed with a NSTEMI elevation acute coronary syndrome treated with nitroglycerin, anticoagulant, and antiplatelet. He has a history of hypertension and takes medication for that. He has no known allergies. He reported chest pain and tightness as he developed ventricular fibrillation which then led to cardiac arrest. Call was helped and CPR was initiated as well as detribalization. A- Patient responds to painful stimuli. After cardiac arrest, vital signs are RR is 22; O2 sat is 95% on oxygen 4 L via nasal cannula; heart rate is 90 sinus rhythm with PVCs; BP is 105/60mmHg; and temperature is 98.6F. R- We should monitor v/s every 15 minutes as well as neurological checks. Follow up with the provider and plan for the patient. Prepare family to visit the patient at 1800.

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 try and lead them out of the patient's room so that they don't have to see their family member during this situation and after the situation try and comfort them by explaining what just happened and how we were going to make sure and try our best to get Carl to a healthy state. I would let them know that they can soon see him provide that support for him and whatever they need I can listen to their concerns.

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

Something I would have done differently would be to avoid any pauses between CPR like applying the shock pads while someone else was doing the CPR to prevent any delay because pauses between CPR are very crucial and we need to give CPR 100 percent to promote the return of spontaneous circulation.