

Grace Kim

Dr. Rixi Thomas

Medsurg VSim

10 March 2023

1.) Document Carl Shapiro's cardiac rhythms that occurred in the scenario

Initially Pt. was NSR, but as the patient experienced chest pain, rhythm progressed to Vfib.

2.) Document the changes in Carl Shapiro's vital signs throughout the scenario.

Pt. Vitals were normal/stable coming in, pulse was around 90 and BP around 120/80. However, onset chest pain — BP increased, around 140/80, HR increased to 100s, and pt. Became tachypneic. Then as pt. worsened to Vfib, pt. became pulseless, and BP tanked.

3.) Identify and document key nursing diagnoses for Carl Shapiro.

Acute pain related to cardiac tissue ischemia (angina)

Decreased cardiac output related to cardiac arrest

Decreased tissue perfusion related to cardiac arrest and decreased cardiac output

4.) Referring to your feedback log, document the assessment findings and nursing care you provided.

Patient had a sinus rhythm heart rate of 91, BP of 123/74, respiration of 12, SpO2 94%, and a temp of 98.6F. Patient was stable at this time, and I attached a NIBP to continuously monitor the BP. The IV was assessed, no signs of infection or infiltration. I asked about the patient's pain on a scale of 1-10, quality of pain, what worsens the pain, what alleviates the pain, and if the pain radiated. Patient education was provided on letting us know if the chest pain ever comes back. I auscultated heart sounds, normal S1 S2, with no murmurs. Patient had sudden onset chest pain,

and the provider was called. Patient developed Vfib, pusless, and a code was called. CPR began, with a 30:2 chest compression to ventilation ratio. A backboard was placed for better compressions. Defibrillator pads were placed on the patient, and the AED was turned on. Stood clear, and shocked the patient, and resumed CPR. Patient returned with the return of spontaneous circulation, and the patient began to breathe.

5.) How did the scenario make you feel?

The scenario made me feel a little flustered. The patient was completely stable — feeling fine, communicating with no discomfort, and expressing that he wanted to be discharged. When getting ready for patient handoff, it was within minutes where the patient felt an onset of chest pain, and was entering cardiac arrest, and needed resuscitation efforts.

6.) What could have been the causes of Carl Shapiro's ventricular fibrillation?

The main causes were due to his unstable angina that caused damage — that led to an irregular ventricular rhythm. DX testing also indicated a STEMI, so any ischemic damage would've caused the ventricular fibrillation.

7.) When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?

When performing CPR, the quality indicators of performing resuscitation correctly were keeping the pulse/rate above 100 bpm. In addition, with a shockable rhythm — patient was able to return to sinus rhythm within minutes.

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

The next interventions would be medication. We would also recommend a set of labs to see the extent of damage, and if there are any imbalances to correct.

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

Carl Shapiro is a 54 year old male admitted with acute coronary syndrome. Mr. Shapiro had a cardiac arrest, and now has return spontaneous circulation. Mr. Shapiro was treated with two rounds of nitroglycerin in the ED, and has no previous known allergies. Patient developed Vfib, and we performed two cycles of CPR, and one shock was delivered. Patient had a heart rate of 82 with PVCs, and was alert and oriented x4 before the arrest. He is now currently responding with eye opening on pain stimulus, and needs O2 2L per nasal cannula. Mr. Shapiro has an infusion of NS in the left antecubital space. Follow up with the provider is needed regarding future plan, neuro checks with vital signs every 15 min. Mr. Shapiro's family will arrive, and will need to talk to the provider.

10.) 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 Mr. Shapiro's family members had been present bedside during the arrest, I would've quickly and concisely explained the situation at hand, and asked someone to escort them outside.

Witnessing resuscitation efforts on a family member is traumatizing, and despite needing to comfort the family members – saving the life of the patient is priority.

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

When I repeated the scenario, I realized that the second/third time around, more details had to be documented on the chest pain that the patient experienced coming into the ED. I also thought that I was allowed to give a third round of nitroglycerin with sudden onset of chest pain. However, the medication was not available – and was a little flustered to do next.