

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

The first time I ran the scenario, my focus was to treat the chest pain. I was too concentrated on finding the medications to treat the chest pain that I did not realize the patient had developed ventricular fibrillation. It was too late when I saw the VFib, and I panicked trying to figure out what to do next. After reading the feedback and seeing where I went wrong, I did much better the second time and was able to treat the patient appropriately.

Scenario Analysis Questions*

- PCC** What could have been the causes of Carl Shapiro's ventricular fibrillation?
Carl Shapiro's ventricular fibrillation could be caused by unstable angina, hypertension, increased BMI, or family history of heart disease.
- EBP** When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?
High quality CPR consist of maintaining compression rate of 100-120/min, compression depth should be at least 2 in (5cm) and allowing complete chest recoil after each compression. Interruptions are minimized during chest compressions, and avoid excessive ventilation. A compression to ventilation ratio should be 30:2. To defibrillate, apply pads in the correct positions, pause CPR and wait for defibrillator to analyze the heart's rhythm. Shout to stand clear to deliver a shock if the defibrillator determines it is needed. Start CPR immediately after delivering shock. Pulse should be checked every 2 minutes
- S** If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?
If ROSC is achieved, the next intervention would be to maintain airway and ventilation.
- PCC** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
Patient is a 54 year old male seen in the ED with complaints of chest pain, diaphoresis and shortness of breath. He was treated with 2L oxygen nasal cannula, aspirin, and sublingual nitroglycerin x2. Patient was assessed at bedside, AAOx4, HR 88, RR 18, BP 121/73. Patient stated chest pain that started 3 hours ago that comes and goes and radiate down the left arm. Patient developed VFib during assessment/interview - code team activated. CPR was given. AED was used and shock delivered 1 time before

patient obtained ROSC. Continue close monitoring of vitals every 15 min with neuro check and communicate/follow up with provider regarding plan of care for patient.

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 the patient's family members had been present, I would stay with the family members, explain the medical treatment that is taking place, and answer any questions they may have.

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

The first time I did the scenario, I did not read the patient's information correctly. I did not understand that the patient had already been treated with nitroglycerin in the ED. The patient complained of chest pain and my first reaction was to treat with nitroglycerin. Because I took too long to read the medication chart and the orders, I failed to see the patient was in VFib. When I repeated the scenario, I also paid more attention to objective findings like the rhythm and HR. I was able to provide appropriate interventions once I knew to also be mindful of vitals and cardiac monitoring.

* *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/>*