

Jennifer Posso
March 10, 2023

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

I was anxious when Mr. Shapiro went into cardiac arrest as I was assessing him. This was something I did not anticipate. I had to act fast to resuscitate him. This made me think about how it could be in a real scenario where a real patient goes into cardiac arrest as this isn't something that will be anticipated and the more efficient I am during this time can be dependent on a patient's life.

Scenario Analysis Questions*

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

Mr. Shapiro's ventricular fibrillation could be caused by his history of smoking half a pack daily and family history of heart disease.

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

Maintaining a full recoil of the chest, compressing 2 inches every time at a rate of at least 100 compressions per minute.

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

He would have to be oxygenated, maintain a stable BP with medication to treat his hypertension and be placed on continuous oxygen and heart monitor.

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

54-year-old male presented to the ED c/o of chest pain and diaphoresis. Patient was treated with nitroglycerin sublingual x2, aspirin and given 2L of O2 via nasal canula. Patient complained of no pain during assessment at bedside. During the assessment, patient went into V-Fib, rapid response called, CPR initiated with AED shock x1. Patient is currently in recovery. Recommendation to keep patient on heart monitor while waiting for further instructions from the physician.

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.

My priority would still be to perform CPR as fast as possible, but I would ask the family to please leave the room because as a family member they are emotionally tied and can cause more stress in the room. Once Mr. Shapiro was stable, I would then present to the family again to explain the reasons why they were asked to leave and answer any questions or listen to any concerns they may have.

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

Something I would do different would be to act quicker instead of initially panicking when I noticed him becoming unconscious. I would also check his pulse and assess for a reaction before starting compressions.

* *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/>*