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Med-Surg

### Scenario Analysis Questions

1. The scenario made me feel a bit rushed. Everything happened so fast, and I also had to act fast. I felt overwhelmed.
2. When performing CPR for Carl Shapiro, the quality indicators that I am performing resuscitation correctly is if I am doing 30 chest compressions to 2 breaths. I need to see the chest recoil. Ribs may break, but this is normal when doing chest compressions.
3. If Carl Shapiro had return of spontaneous circulation after CPR and defibrillation, my next interventions would be to stabilize his vital signs if they are abnormal. Make sure the patient has supplemental oxygen, administer pain medication as needed. I would give Aspirin to prevent clotting. I would also give Amiodarone with a doctors order, because the patient had a vfib episode. I would make sure that the patient is breathing well, is not in pain, and continue to monitor his vital signs.
4. The key elements that I would include in the handoff report for this patient, would be that he has HTN. He had an episode of vfib, where the defibrillator was used. He also has history of COPD. Patient is AAOx4, and was experiencing unstable angina without excersion. I would recommend to follow up with the provider to continue patient treatment and see what the next steps are. I would recommend to monitor the patients vital signs every 15 minutes.
5. Conclusion: To support Shapiro's family members if they were to be present, I would tell them "we are going to do everything possible to get him stabilized." I would also ask them to step out of the room for privacy purposes. I would try to console them if they become agitated and worried, but my priority is the patient's ROSC. What I would do differently if I were to repeat this scenario is to confirm the patient before giving medication. I would also check when the doctor's order is for. My patient care would change by being more aware of my patient and monitoring closely.

### Documentation Assignment:

1. The cardiac rhythms that occurred were sinus rhythm, ventricular fibrillation and PVC (premature ventricular contraction).
2. The changes of Shapiro's vital signs were the following: His BP was 124/75 when I took them initially, Resp 12, SPO2 94% and Temp 98.6 F. His BP then starting dropping to 76/45, Resp 0, Weak Pulse, SPO2 94%. There was a big change in both BP and Respiratory rate.
3. The nursing diagnosis for Shapiro are cardiac output decreased, risk for inadequate tissue perfusion.

4. The assessment findings for this patient is how he was experiencing chest pain that was unstable. Patient had v-fib and BP was 82/49 before defibrillation. CPR and defibrillation was given, and patient had a ROSC. Patients rhythm went back to regular sinus rhythm. Patient was given supplemental oxygen and the code team was called. Help was also called. The nursing care provided was EKG monitoring, vital signs monitoring. CPR was given at 30:2 chest compressions to breaths, but no medication was given for this patient as it was not indicated for the day.