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NUR 393
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Medical Case 4: Carl Shapiro

Documentation Assignments

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

- In the scenario, the ECG monitor connected to Carl Shapiro showed a normal sinus rhythm. There were ventricular premature beats with a heart rate of 91.
- Then the heart rate decreases to 86 and showed a sinus rhythm with an inferior myocardial infarction.
- Afterwards, the ECG revealed the presence of Ventricular fibrillation by showing a rapid disorganized rhythm. When the patient was defibrillated, the ECG monitor shows sinus rhythm again.

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

Heart rate 91 – Pulse present – blood pressure 125/75 mm Hg- respirations 12 – conscious state appropriate – SpO2 94% - temperature 98.6°F (37.0°C)

Heart rate 88– Pulse present – blood pressure 125/75 mm Hg- respirations 12 – conscious state appropriate – SpO2 95% - temperature 98.6°F (37.0°C)

Heart rate 87 – Pulse present – blood pressure 124/74 mm Hg- respirations 12 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Blood Pressure 120/72

Heart rate 86– Pulse present – blood pressure 120/72 mm Hg- respirations 12 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Heart rate 85– Pulse present – blood pressure 121/73 mm Hg- respirations 12 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Heart rate 85– Pulse present – blood pressure 122/73 mm Hg- respirations 12 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Heart rate 85– Pulse present – blood pressure 124/74 mm Hg- respirations 12 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Heart rate 85– Pulse present – blood pressure 122/73 mm Hg- respirations 12 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Heart rate 85– Pulse present – blood pressure 125/75 mm Hg- respirations 12 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Heart rate 86– Pulse present – blood pressure 105/63 mm Hg- respirations 20 – conscious state appropriate – SpO2 96% - temperature 98.6°F (37.0°C)

Heart rate absent– Pulse absent – blood pressure absent- respirations 0 – conscious state: unconscious– SpO2 absent - temperature 98.6°F (37.0°C)

Heart rate 80– Pulse absent – blood pressure absent- respirations 0 – conscious state: unconscious– SpO2 absent - temperature 98.6°F (37.0°C)

Heart rate 88– Pulse weak – blood pressure 73/44 mm Hg- respirations 0 – conscious state :unconscious – SpO2 94% - temperature 98.6°F (37.0°C)

Heart rate 96– Pulse present – blood pressure 85/50 mm Hg- respirations 8 – conscious state unconscious – SpO2 95% - temperature 98.6°F (37.0°C)

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

- Acute pain related to tissue ischemia as evidence by Carl Shapiro complaining of chest pain and changes in pulse.
- Activity intolerance related to an imbalance between myocardial oxygen supply and demand as evidenced by alterations in heart rate and blood pressure
- Risk for decreased cardiac output related to changes in rate and rhythm.

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

- I washed my hands
- I introduced myself
- Scanned my patient’s ID while asking my patient to confirm his name and DOB
- I checked the patient’s level of consciousness
- I listened to the heart sound of the patient and there were regular heart sounds without murmurs.
- I also listened to his lungs , the breath sounds were clear and equal bilaterally. He was breathing at 12 breaths per minute and the chest was moving equally.

- I checked the carotid, pedal pulse which were strong 90 per minutes and regular. The radial pulse was also strong, 85 per minute and also regular.
- Then, I measured the blood pressure that was 120/72 mm Hg
- Temperature was checked 98.6 °F
- I assess the patient's IV site there was no redness, no swelling, no bleeding , no drainage or infiltration. The dressing was completely dry and intact.
- I also assessed for pain. I asked him to rate the pain , where it was located, if anything made the pain better, if anything made it worse, I asked him if the pain was going anywhere, how long he had it for, and I also asked him to describe his pain.
- I took a venous sample
- I asked the patient to rate his pain again
- When the patient was not responding anymore, I activated the code team.
- I starded CPR activation of 30:2
- I started chest compressions.
- I placed a blackboard under the patient
- I attached the defibrillator pads
- I stopped CPR
- I warned my colleague to stand clear
- I waited for the AED to give a shock needed message and delivered the shock.
- When patient started breathing again, I assisted the code team and performed a patient handoff.
  (Everything was done while monitoring the vital signs of the patient).

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

- This scenario made me feel like death can happen very fast and chest pain should be taken seriously because it is an indicator of heart attack. As a nurse I have to be ready, alert and focus in order to know what to do immediately when a patient is having a heart attack.

Scenario Analysis Questions*

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

It could be caused by coronary artery disease, cardiomyopathy, electrolyte imbalances, drugs, a heart attack.

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

I performed the CPR at a ratio of 30:2. I was compressing hard and fast to allow complete recoil after each compression, I switch providers every 2 minutes and excessive ventilation was avoided. While doing it heart rate came back up on the monitor, then , a low blood pressure was showing, and SpO2 appeared, and finally the presence of weak pulse.

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

If Carl Shapiro would have had return of spontaneous circulation, I would contact the health care provider. I would provide IV fluids, administer oxygen, I would administer medications as ordered by the HPC. I would closely monitor the vital signs, assess for any complications such ass neurological deficits, cardiac arrythmias or pulmonary edema. I would conduct ongoing assessment.

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

- Situation: I would explained that Carl Shapiro had a cardiac arrest 20 minutes ago and has return of spontaneous circulation now.
- Background: I would say that Mr. Shapiro is a 54 year old male admitted today from the ED with a diagnosis of non-ST elevation acute coronary artery syndrome treated with nitroglycerin antiplatelet and anticoagulation medications. He has a history of hypertension but he has no known allergies. Mr. Shapiro complained of returning chest tightness and rapidly develop ventricular fibrillation and clinical cardiac arrest. Code

team as called and CPR was started. AED was used and successfully defibrillated the ventricular into a normal sinus rhythm. CPR was done for a total of 5 minutes before ROSC.

- Assessment: Heart rate was 82 with PVCs. An infusion of normal saline is running, 2 L of oxygen per nasal canula is given.

- Recommendation: Continuous monitoring of patient, obtain vital signs every 15 minutes, need to administer medications,

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 encourage them to stay calm, while the team is doing their best to bring the Carl back.

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

- If I were to repeat this scenario, I would make sure that I start CPR right away.