

Name: Rebecca Charles
Class: NUR393
Professor: Rixi Thomas
Date: 03-10-2023

Medical Case 4: Carl Shapiro

Documentation Assignments

1. Document Carl Shapiro's cardiac rhythms that occurred in the scenario.
Mr. Shapiro presented an anterior myocardial infarction. Then it showed a ventricular fibrillation, and then he gets back to an anterior myocardial infarction.
2. Document the changes in Carl Shapiro's vital signs throughout the scenario.
Mr. Carl Shapiro's vitals were 122/74, spO2 was 95%, Temp 99 F. His HR was 88%, however throughout my assessment his HR started to increase until it reaches to 100. His lung sounds were clear. As Mr. Shapiro HR increase, his blood started dropping. After his ventricular fibrillation, he became unconscious.
3. Identify and document key nursing diagnoses for Carl Shapiro.
Acute pain related to tissue ischemia as evidenced by reports of chest pain.
Risk for decreased cardiac output related to left ventricular failure.
Ineffective tissue perfusion related to decreased preload as evidenced by abnormal pulse rate.
Decreased cardiac output related to altered myocardial contractility as evidenced by diaphoresis.
4. Referring to your feedback log, document the assessment findings and nursing care you provided.
Upon entering the patient's room, I introduced myself.
I perform hand hygiene.
I asked the patient about any pain by using the mnemonic COLDSPA method. He wasn't in pain at the time. However, he did say when he was in pain, it felt like an elephant was sitting on his chest. He also said that the pain radiated down his right arm and felt better with medication. I attached the blood pressure monitoring to monitor the patient. I assessed the vital signs.
I obtained the 12 lead ECG.
I assessed patient IV site, there was no redness, swelling, infiltration, bleeding, or drainage. Dressing was intact and dry.
I auscultated patient's lungs sounds and heart sounds, everything was normal and clear.

I activated the code blue and shout for help when patient developed ventricular defibrillation.

I placed the CPR backboard under the patient and perform CPR.

I started CPR at 30:2 ratio with chest compression.

I attached defibrillator pads.

Turned on AED and wait for instructions to deliver shock as directed by the AED.

I continued with chest compressions.

Patient resumed breathing and I stopped, and CPR performed patient handoff.

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

I did the scenario 3 times to achieve the best score possible. The first time I did it, I must admit, I was anxious because of how fast everything was happening. The second and third attempts at the simulation were much better and I used my knowledge to treat the patient accordingly as I would in a real-life setting.

Scenario Analysis Questions*

- PCC** What could have been the causes of Carl Shapiro's ventricular fibrillation?
I think smoking a half pack of cigarettes a day, being hypertensive, obesity, and heart disease in the family.
- EBP** When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?
When performing CPR, the quality indicators are:
Maintaining a compression depth of two inches (allowing the chest to fully recoil)
Compression rate of 100-120/min
No excessive ventilation (compression: ventilation ratio should be 30:2)
- S** If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be? If Carl Shapiro would have return of spontaneous circulation (ROSC), I would continue to CPR and check his carotid pulse every 2 minutes.
- PCC** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format. Situation: Patient had a myocardial infarction followed by ventricular fibrillation. Background: Patient is a 54 year old man with a past medical history of obesity, cigarette smoking and hypertension. CPR was performed after ventricular fibrillation. Assessment: Initial vitals HR 78, BP 122/73, respirations 12, SpO2 97%, 99F. ECG shown sinus

rhythm with anterior myocardial infarction. After chest X-ray was performed, patient went into V-Fib. Emergency protocol was implemented. CPR was given and AED was used to shock the patient. He is no longer in V-Fib and is recovering now. I recommend close monitoring on telemetry unit and communication with provider for further instructions and prevention of another event.

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 have educated the patient's family on the current situation, walk them through the process and be as supportive as possible.

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 react more rapidly with the appropriate interventions now that I know where to find them in the platform, I would be less anxious and make sure I follow the process in a more professional way.

* *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/>*