

**Sungbin Ahn**

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**Medical Case 4: Carl Shapiro  
Documentation Assignments**

1. Document Carl Shapiro's cardiac rhythms that occurred in the scenario.
  - a. Normal sinus rhythm with ventricular premature beats
  - b. Ventricular fibrillation
  - c. Normal sinus rhythm
  
2. Document the changes in Carl Shapiro's vital signs throughout the scenario.
  - a. BP: 127/76, Temp: 98.6°F Oral, SpO2: 94%, Heart Rate: 91, Respiration: 12
  - b. BP: 106/63, Temp: 98.6°F, SpO2: 96%, Heart Rate: 86, Respiration: 20
  - c. BP: -, Temp: 98.6°F, SpO2: -, Heart Rate: -, Respiration: 0
  - d. BP: -, Temp: 98.6°F, SpO2: -, Heart Rate: 80, Respiration: 0, Pulse: Absent, unconscious
  - e. BP: 73/44, Temp: 98.6°F, SpO2: 95%, Heart Rate: 86, Respiration: 0
  - f. BP: 80/48, Temp: 98.6°F, SpO2: 97%, Heart Rate: 90, Respiration: 8, unconscious
  
3. Identify and document key nursing diagnoses for Carl Shapiro.
  - a. Acute pain, activity intolerance, fear/anxiety, risk for decreased cardiac output, risk for ineffective tissue perfusion, risk for excess fluid volume, deficient knowledge
  
4. Referring to your feedback log, document the assessment findings and nursing care you provided.
  - a. Mr. Shapiro's vital signs were stable before the cardiac arrest. He was alert and oriented x4. Patient did not feel any pain but when he was in pain, he felt like an elephant was sitting on his chest and the pain radiated down his right arm.
  - b. Mr. Shapiro was on oxygen 2 L per nasal cannula and had an infusion of normal saline running.
  - c. Labs were drawn and troponin levels were higher than normal limits.
  - d. Mr. Shapiro developed ventricular fibrillation so started CPR and activated code team. Shock was delivered as instructed by the AED and compressions were continued.
  - e. Patient resumed consciousness and breathing so CPR was stopped.

## Guided Reflection Questions for Medical Case 4: Carl Shapiro

### Opening Phase

How did the scenario make you feel?

- The patient was stable and in couple of minutes, Mr. Shapiro went into cardiac arrest. I was so anxious and had to think about what to do next. I realized that it is important to be flexible and reactive because a patient's status can change in any minute. I was relieved when he regained consciousness.

### Scenario Analysis Questions\*

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

- Carl Shapiro's ventricular fibrillation could have been caused by elevated troponin and CK-MB levels. These cardiac markers indicate the potential myocardial injury. He also has a history of uncontrolled blood pressure, smoking, and family history.

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

- Place a backboard under the patient and start CPR as soon as possible. The CPR should be pushed hard and fast. The chest needs to completely recoil and minimize interruptions. Look for chest rise and fall when giving respirations. The patient's rhythm should be reassessed and defibrillation should be attempted every 2 minutes or after 5 cycles of 30:2 compressions to ventilations. Immediately after each shock, resume CPR, beginning with chest compressions.

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

- Assess his pulse
- Use a heart monitor, EKG to check his rhythm
- Administer meds: epinephrine or amiodarone
- Optimize ventilation and oxygenation

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

- **Situation:** Carl Shapiro had a cardiac arrest and has a return of spontaneous circulation (ROSC)
- **Background:** Mr. Shapiro is a 54-year-old male who was treated with nitroglycerin, antiplatelet, and anticoagulation medications in the Emergency Department. He has a diagnosis of non-ST elevation acute coronary syndrome. Mr. Shapiro has a history of hypertension and no previously known allergies. The patient developed ventricular fibrillation and clinical cardiac arrest. Code team was called and CPR was started. The AED was used to convert the heart rhythm. CPR was needed for a total of 5 minutes before ROSC.
- **Assessment:** Mr. Shapiro's vital signs were stable before the cardiac arrest. After ROSC, his heart rate was 82 with PVCs. An infusion of normal saline is running. He was alert and oriented times 4 before the arrest. He needed oxygen 2L per nasal cannula.
- **Recommendation:** Follow up with the provider regarding the plan. Neurological checks should be obtained together with vital signs. The family will arrive and talk to the provider. Obtain vital signs every 15 minutes.

### 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 kept the family members outside of the room and have someone reassure them outside. However, if the family members insisted on being present at bedside during the arrest, I would allow them to stay in the corner and tell them the procedures given to the patient. It would help to explain the interventions and actions for the patient as well.

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

- I repeated this scenario 4 times. I was so nervous in the beginning that I forgot certain assessments or steps. However, by the 3rd and 4th time, I was more confident when treating the patient.

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\* *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/>*