

## Guided Reflection Questions for Surgical Case 2: Stan Checketts

### Opening Questions

How did the scenario make you feel?

- This type of patient was my first vSim scenario, but this patient's case was very fresh and exciting to me. Also, unlike other patients I've had so far because the patient kept talking (about pain), I was somewhat able to come up with specific ideas about treatment.

### Scenario Analysis Questions\*

**PCC/EBP/S** When reflecting on the care of Stan Checketts, what are signs and symptoms you can assess in the next patient you care for who might be at risk for dehydration?

- Skin turgor, headache, and nausea.

**EBP/QI** Discuss signs and symptoms of hypovolemic shock.

- Hypotension, tachycardia, tachypnea, decreased LOC, oliguria, cool & clammy skin, fatigue, weakness.

**PCC/EBP** Discuss assessment and expected findings in a small bowel obstruction.

- Abdominal pain, decreased appetite, constipation, vomiting, inability to have a bowel movement or flatulence, and distended abdomen.

**PCC/S/I/EBP** What key questions does the nurse ask in an acute abdominal pain assessment?

- Have you had any changes in your appetite?
- Have you had any unintentional weight loss or gain?
- Have you had any trouble swallowing?
- Are you nauseous or having any episodes of vomiting?
- Do you have any abdominal pain?
- Any changes in your bowel patterns?
- What medications are you taking?
- Do you drink alcohol or smoke?

**PCC/EBP/S** In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

- Elevated hematocrit is suggestive of dehydration.
- Elevated pH and elevated HCO<sub>3</sub> are suggestive of metabolic alkalosis due to vomiting.

**PCC/EBP/S**

Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?

- pH aspiration: if pH is < 5, then placement is correct.
- X-ray: picture shows the placement.

**T&C/EBP/S/PCC**

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

- S: Stan Checketts presents to the ED with severe abdominal pain, nausea, and vomiting.
- B: Mr. Checketts is a 52 yo white male; He hasn't urinated since yesterday and has had increasing stomach pains. He has been vomiting for the last few days.
- A: Hyperactive bowel sounds with a distended and tender abdomen. Skin is cool and clammy, with decreased skin turgor.
- R: Isotonic IVF, antiemetic, analgesics, and surgery for small bowel obstruction.

**Concluding Questions**

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

- The only thing I would do differently is asking the doctor to order an abdominal x-ray. Other than that, I'll deal with it the same way.

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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/>