

Guided Reflection Questions for Surgical Case 5: Lloyd Bennett

Opening Questions

How did the scenario make you feel?

- When I read the patient's case, I expected the patient to undergo a blood transfusion reaction. So, because I prepared for it, I could cope well without panicking when the scenario started.

Scenario Analysis Questions*

PCC/S/EBP Prior to blood administration, what assessments of the blood product and the patient are required to promote safe delivery and lessen potential complications?

- The blood product must be verified by two nurses to confirm that it is the correct blood type and for the right client. Patient education needs to be provided, and informed consent provided subsequently. The product must also be inspected for any alterations. A proper IV must be established and checked for infiltration, swelling, redness, or pain. Two nurses must usually verify and be present at the start of infusion. Once verification is confirmed, the nurse must stay with the patient for the beginning of the transfusion to monitor for signs and symptoms of a reaction. Continuously monitoring vitals is essential.

PCC What signs and symptoms first indicated the patient was having a transfusion reaction?

- Mr. Bennett reported lower back pain; this was the first sign alerting the nurse that he was experiencing a reaction to the transfusion.

PCC/EBP Review the immediate priorities when a transfusion reaction occurs and the rationale for each.

- Stopping the transfusion must be the first step. Lines should be changed out also. The client needs to be assessed and treated for any immediate issues. The nurse must notify the healthcare provider to determine the action plan. Lastly, the blood bank must be contacted and informed of the situation to determine the cause. Blood bags and lines should be

returned promptly to a blood bank. Follow provider orders to stabilize the patient and remain to check vital signs.

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

- S: 76-year-old male; AAO x3, complaints of fatigue during physical therapy and dizziness with position changes; CBC shows hemoglobin of 7 g/dL (low); two units of PRBCs administered as ordered but discontinued due to reaction.
- B: admitted to ER 2 days ago with a femoral head fracture; postop left hip arthroplasty; the dressing was assessed clean, dry, and intact.
- A: transfusion started per provider's orders; evidence of reaction due to lower back pain and not feeling well (per patient's report). Transfusion has been discontinued, and vital signs have been assessed.
- R: Vital continuously be monitored; await instructions from the healthcare provider and blood bank to determine if an error occurred, administer normal saline into the established IV line at 100 ml/hr.

Concluding Questions

What follow-up blood work may be required?

- A CBC to show RBC, WBC, and platelets. A basic metabolic panel to show the levels of chemicals in the body. Hb and HCT levels are to be assessed as well.

What follow-up disclosure is required with Lloyd Bennett and his family?

- The nurse should inform the family of the events that have occurred and should be made sure that the care team acted quickly and accordingly to maintain Mr. Bennett's safety. The nurse should inform the family that an investigation of why the reaction occurred is being done, and they will be notified accordingly.

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

- I acted rapidly and followed the correct protocol for blood transfusion reactions. Because I was exposed to such an event, I will experience less hesitancy and more confidence the next time I encounter a similar situation.
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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/>*