

## Medical Case 4: Carl Shapiro

### Documentation Assignments

1. **Document Carl Shapiro's cardiac rhythms that occurred in the scenario.** The cardiac rhythms that occurred in the scenario were Sinus rhythm, PVC, and ventricular fibrillation because of an acute MI.
2. **Document the changes in Carl Shapiro's vital signs throughout the scenario.** **Entering the patients room:** T: 98.6, P:88, R:12, BP:122/73, SpO2:95%, **When patient had chest pain and went into Vfib:** T: 98.6, P:86, R:20, BP:105/63, SpO2:96%, **VFib:** T: 98.6, P: no pulse, R: 0, SpO2:0, **and when patient had return of spontaneous circulation:** T: 98.6, P:95, R:8, BP:84/50, SpO2:95%
3. **Identify and document key nursing diagnoses for Carl Shapiro.** Nursing diagnosis are risk for decreased cardiac output related to left ventricular failure, and risk for infective peripheral tissue perfusion related to decreased cardiac output.
4. **Referring to your feedback log, document the assessment findings and nursing care you provided.** Upon entering the room, I washed my hands identified the patient and then I asked the patient about any pain he and he was not in any pain at the time; however, he did say that when he was in pain, it comes and goes and that the pain got better with medication. I assessed breathing, attached pulse oximeter assessed vital signs, attached 3-lead ECG, and assessed patients IV. There was no redness, swelling, infiltration, bleeding, or drainage. I then auscultated heart sounds and lungs and it was normal heart sounds RRR and clear lungs bilaterally. The patient said he felt fine then quickly desaturated. The code team was called after patient developed ventricular fibrillation. I placed a backboard and then started CPR at 30:2 ratio with chest compressions. I attached defibrillator pads, turned on AED and asked everyone to stand clear to delivered shock as directed by AED. Chest compressions were continued, and the patient had a return of spontaneous breathing, and I stopped CPR. Patient handoff was given.

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

#### Opening Phase

**How did the scenario make you feel?** This scenario made me feel proud to become a RN. We sometimes feel like because we are nurses that we are less than the Doctor, but everyone plays an important role in the care of each patient. It made me see that a patient can be okay one minute and in a few seconds be in a different health condition and as nurses we must be prepared for them all. I feel much better now in the event that a patient codes and the correct steps to perform.

#### Scenario Analysis Questions\*

**PCC** **What could have been the causes of Carl Shapiro's ventricular fibrillation?** It could be because of the elevated lab values like troponin and CK-MB which can show

indications of an MI. The patient also has HTN which if uncontrolled can lead to an MI and eventually V-Fib.

- EBP** **When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?** You will see instant chest recoil after compressions and the patient will have a spontaneous return of circulation.
- S** **If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?** I would increase the oxygen level, treat the low BP, order another set of labs, and maintain the patients LOC.
- PCC** **What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.** Carl is a frequent traveler who had a cardiac arrest had a ROSC. He was treated with nitroglycerine in the ED, developed V-Fib, no known drug allergies, the AED was used to convert the heart rhythm, HR was 82 with PVCs, an infusion of normal saline was given at 25ml/hr., alert and oriented x4, and needed 2 L of oxygen per nasal cannula. It is recommended that he follow up with the provider regarding the plan, neurological checks with vital signs every 15 minutes and, allow the family to talk to the provider.

### **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 lead them out of the room calmly and talk to them in a private area to explain what is happening and that the team is doing everything to care for Mr. Shapiro.

**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 continue the compressions and not stop, and this would probably help the patient recover faster, I would also remember to tell everyone to stand clear as the AED will shock the patient. As far as patient care I may have checked the lab results first.