

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

I was finding it hard from the beginning but I kept trying. I got more understanding of what needed to be done for safety. As a nurse, I have to be reactive and proactive to help patients and achieve our goals.

Scenario Analysis Questions*

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

Based on the lab result, the troponin and CK-MB were elevated which indicating he had some damage to his heart tissue which may have led the patient to be in V-Fib. These enzymes are both cardiac markers that are an indication of a potential myocardial injury if elevated. And the ECG indicates the ST-T changes consistent with ischemia.

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

High-quality CPR includes compressing hard and fast, allowing complete recoil after each compression, 30:2 ratio, reducing hands-off time by minimizing interruptions in compressions, switching providers every 2 minutes, and avoiding excessive ventilation.

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

Making sure oxygenation is 95% or higher, place ET and confirm placement. I will make sure and keep SBP over 90 mmHg by giving IV bolus and depending on his heart rhythm, possibly administer meds such as epinephrine or amiodarone. And lastly I will get a 12 lead ECG and continuous monitoring.

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

S= Carl Shapiro had a cardiac arrest and now he has return of spontaneous circulation (ROSC)

B= Mr. Shapiro was treated with nitroglycerin in the Emergency Department, the patient developed witnessed ventricular fibrillation, Mr. Shapiro has no previously known allergies and the AED was used to convert the heart rhythm

A= Heart rate was 82 with PVCs, an infusion of normal saline is running, Mr Shapiro was alert and oriented times 4 before the arrest and he needed oxygen 2 L per nasal cannula.

R= Tell the nurse to follow up with the provider regarding the plan, neurological checks should be obtained together with vital signs, the family will arrive. They will need to talk to the provider and 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.

Pt will be our main priority at the moment. I would have used therapeutic communication and escorted them to the waiting area. Talk them through the procedure and explain why certain interventions are needed to save the patient's life.

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

Based on that , I did the scenario 6 times but still missed something. What would have done differently turned the defibrillator on. An AED can determine whether a shock could help the patient and guide you through further help.