

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

### Opening Phase

How did the scenario make you feel?

I have done this scenario before so I was more comfortable with it then with other vsim's I have done. I don't like having to click fast through options during the cardiac arrest because I feel like I can't find them quick enough as I would be able to do them in real life.

### Scenario Analysis Questions\*

- PCC** What could have been the causes of Carl Shapiro's ventricular fibrillation?  
The patient has a history of hypertension and he also stated that he is a smoker with about half a pack a day.
- EBP** When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?  
Compressions and respirations should be done at a rate of 30 compressions to two breaths. Its important to have a backboard under the patient to create that hard surface for preforming CPR. Its also important when you are doing the compressions to be allowing the chest to have a full recoil and be going at a depth of about 2 inches deep.
- S** If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?  
I would need to first check for responsiveness. We would make sure the patient is well oxygenated to maintain spo2 over 95%. I would call the provider to let him know the situation and to update any existing orders. I would most likely need to get another set of cardiac enzyme lab levels.
- PCC** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.  
The patient is a 54 year old white male with no known allergies, who came into the emergency room earlier today with complaints of chest pain. The patient has a history of hypertension and is a smoker. He was given nitroglycerian and aspirin in the ER. During initial assessment the patient denied any pain. He has an infusion of normal saline running at a rate of 25ml/hr. He was initially on 2 L of oxygen by nasal cannula but it was removed when he denied SOB and his spO2 was over 95%. While nurse was bedside the patient went into ventricular fibrillation. The code team was called and CPR was started. He was shocked twice with the AED. The patient had a ROSC and is now recovering. I recommend close monitoring of the patient and to call the provider to update any existing orders.

## 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 ask them to step out of the room while we were doing CPR on the patient or if another staff member was available I would have them bring them out into the hallway. After the patient was resuscitated and stable, I would update the family with what happened and I would allow them to ask any questions they had.

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

If this was real life I would provide more compassionate care for my patient, and try to answer some of his questions better. In the scenario its not really possible to give him detailed answers. In the scenario itself I would make sure to clear the space while the AED was trying to analyze 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/>*