

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

### Opening Questions

How did the scenario make you feel?

I felt amazing doing the scenario, for me It was very easy, only one time I had to do it.

### 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, nausea, decrease urine output.

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

Hypotension, tachycardia, fatigue, decrease in LOC, cool clammy skin,

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

Vomiting, decrease appetite, distended abdomen, constipation, and abdominal pain.

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

What medications are you taking?

Do you have any abdominal pain?

Have you had any change in appetite?

Do you feel nauseous or had any vomiting?

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

Elevated PH/ metabolic alkalosis and hematocrit.

**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?

Xray and check the placement by aspirating of the content fluid of the NG- tube.

**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.

**Situation**---Pt presented in the ED complained of abdominal pain, nausea and vomiting.

**Background**---A 52-year-old male pt, unable to urinate since yesterday and were complaining increase severe abdominal pain 4/10.

**Assessment**---Hyperactive bowel sound noted, distended abdomen, skin cool clammy and had decrease skin turgor.

**Recommendation**---Continue with isotonic solution IV, antiemetic and prep patient for small bowel obstruction, continue to monitor vital signs and administer oxygen 2L maintaining it at greater than 92%.

## Concluding Questions

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

I would have known to check the 3 leads EKG instead of 12 lead EKG, like follow the doctor order more precisely.

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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/>*