

## Surgical Case 2: Stan Checketts

### Documentation Assignments

1. Document your focused assessment of Stan Checketts' abdomen.

Abdomen was bloated, and tender to touch. His skin was cold and had poor skin turgor and hyperactive bowel sound.

2. Document immediate priority actions related to the treatment of hypovolemic shock.

I provided isotonic IV, normal saline 500 ml bolus at 30 minutes.

3. Create a nursing note reflecting priority assessments, interventions, and method of evaluation as they relate to the care of a patient experiencing signs of hypovolemic shock.

4. Document the two sets of vital signs (before and after nursing interventions) in the Stan Checketts scenario.

First set of vital signs ----BP110/79, P131, RR28, O2: 90% ROOM AIR, T98.6

Last set of vital signs ----BP107/77, P115, RR28, O295% with 2 L OF O2, T98.6

5. Identify and document key nursing diagnoses for Stan Checketts.

Deficient fluid volume R/T to inadequate fluid volume intact.

6. Referring to your feedback log, document the nursing care you provided to Stan Checketts. Include an SBAR note with recommendations reflecting the key assessments the oncoming nurse should be alert to when monitoring Stan Checketts.

Patient complained of pain 4 out of 10 received morphine 2 mg IV, ondansetron 4mg IV for nausea, normal saline 500 ml bolus open wide given and tolerated, NG tube inserted and tolerated well, 3 leads EKG.