

**Documentation Assignment: V sims Carl Shapiro**

1. My patient cardiac rhythm was Normal sinus with a myocardial infraction. Few minutes later, he became unresponsive then went into a Ventricular fibrillation. I called for assistance by pressing Code Blue button and CPR was started immediately.
2. When I took Patient vital signs: his BP was 122/74, oxygen 98%, Temperature 99, HR 80, RR 12. These vitals remain the same for 9 minutes where he had no HR, No BP readings, Respiration rate was absent as well as the oxygen sat. No cardiac rhythm was present, then after CPR his vitals became stable.
3. Nursing Diagnosis:
  - Acute pain related to tissue ischemia evidenced by report of chest pain
  - Ineffective tissue perfusion related to decreased preload as evidenced by abnormal pulse rate
4. Referring to the log:

I have assessed his pain and took his vital signs every 15 minutes as ordered, I have listened to his lungs and heart sounds, I have obtained a 12 leads ECG for the patient to monitor his heart, rhythm, assessed his IV site, I have activated Code team because he has VF, CPR was done of the patient, attached the defibrillator pads and activated AED, make sure my colleagues stand clear. When the patient went back to normal rhythm, we performed a hand off.

**Reflective questions:**

1. I feel like I didn't respond on time performing the CPR and listening to the AED instructions. This scenario was difficult of all Vsims I ever had because I was not expecting my patient to go into cardiac arrest that quick. I felt like I did what I could but still couldn't save my patient.
2. Cause of his cardiac arrest was that there was inadequate blood flow to the heart.
3. Quality indicators of correctly performing resuscitation are: being consistent with chest compressions and staying focus on our patient. We made sure to maintain compression depths of 2 inches, and allowing the patient chest to fully recoil. When performing CPR, quality indicators are making sure the patient chin is upward to keep the airway open as well as following the 30:2 ratio.
4. Safety: Some safety aspects are making sure the pads are placed on correctly. These pads should be in correct location as well as on a dry skin. While AED is analyzing the patient, it is important to stand clear, also when the AED is turn on is it important to follow the instructions.
5. Some interventions would be assessing the pulse, check for oxygen saturation. Vilas every 15 minutes, Monitor the patient heart for his heart rhythm, he will need Epinephrine, Amiodarone depending on the rhythm.
6. SBAR;

S: 54 years old Carl Shapiro was admitted to ER for complains of chest pains, diaphoresis and SOB. He has a cardiac arrest and he now has return of spontaneous circulation (ROSC).

B: He was treated with Nitroglycerin in the ER, the patient developed a ventricular fibrillation, he has no known previous 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, he was alert oriented times 4 before the arrest. He needed oxygen 2 L per nasal cannula.

R: He was educated on following up with the provider regarding the plan, include the family in the education and make sure they ask questions to the provider.

Neurological checks should be obtained together with vital signs (Every 15 minutes)

7. Communicating with the family in a therapeutic way is helpful in this crisis, because they will be anxious.
8. . I would have pressed the Code team quickly and start CPR and stay focus on my patient not focusing on the monitor. Also, during CPR, it is important to work as a team and not interrupted the Compressions.