

Medical Case 4: Carl Shapiro

Documentation Assignments

1. Document Carl Shapiro's cardiac rhythms that occurred in the scenario.
→ Initially, Carl Shapiro's cardiac rhythm was sinus rhythm with premature ventricular beats. Later, he develops ventricular fibrillation.

2. Document the changes in Carl Shapiro's vital signs throughout the scenario.
→ Initially, upon the first assessment, Shapiro's vital signs were as follows: T 98.6 °F, PR 85, RR 12, BP 124/74, SpO2 96%, pain 0/10.

Later, when he goes to the cardiac arrest, his vital signs were: T 98.6 °F, PR absent, RR 0, BP absent, SpO2 0, and unconscious and unresponsive.

3. Identify and document key nursing diagnoses for Carl Shapiro.
→
 - a. Acute pain/chest pain
 - b. Risk for decreased cardiac output related to left ventricular failure
 - c. Risk for ineffective peripheral tissue perfusion related to decreased cardiac output
 - d. activity intolerance
 - e. risk for excess fluid volume

4. Referring to your feedback log, document the assessment findings and nursing care you provided.

→ When I was first handed off the patient, I washed my hands, and identified the patient.

I assessed the vital signs T 98.6 °F, PR 85, RR 12, BP 124/74, SpO2 96%, pain 0/10.

Auscultated his lung sounds, heart sounds, assessed IV access for infiltration/phlebitis,

pedal pulse, capillary refill. I asked Mr. Shapiro about history of present illness, past

medical history, allergies to medication and food, history about his pain, and if it radiated

anywhere else. I checked the provider's order, and obtained chest x-ray. Immediately

after Shapiro went unresponsive and into arrest, I activated code team, called for help, put

the back board before CPR, keep bed flat for CPR, started CPR, attached defibrillator

pads, turned on the AED machine to analyze the heart rhythms and give shock. Chest

compressions were given 30:2 with hard and fast, allowing complete recoil after each

compression, reducing hand-off time by minimizing compressions, switching providers

every 2 minutes, and avoiding excessive ventilation. With proper and efficient CPR,

minimal interruption to CPR, and team collaboration, Mr. Shapiro got his pulse and

rhythm back.