

Guided Reflection Questions for Medical Case 4: Carl Shapiro

Opening Phase

How did the scenario make you feel?

→ The scenario made me feel not so nervous anymore since we had this scenario before as well.

I calmly performed all the necessary interventions as soon as Mr. Shapiro went to the cardiac arrest. However, in first try I did not perform CPR compression with effort as it was needed.

Second time, I was able to perform CPR without interruption.

Scenario Analysis Questions*

PCC What could have been the causes of Carl Shapiro's ventricular fibrillation?

→ The causes of Shapiro's ventricular fibrillation could have been due to his social history of smoking a half a pack of cigarettes a day, hypertension, family history, and obesity.

EBP When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?

→ When performing CPR, the quality indicators are performing compressions that are depth of two inches, allowing equal and full recoil of the chest with each compression, perform compression rate at 100-120 beats per minute, and no excessive ventilation by performing ration 30:2 compression: ventilation.

S If Carl Shapiro would have had return of spontaneous circulation (ROSC), what would your next interventions be?

→ If Carl Shapiro would have had return of spontaneous circulation (ROSC), my next intervention would be to optimize the oxygen saturation, treat the underlying cause – hypertension, new set of labs, and maintain the hemodynamic stability.

PCC What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

→ The key elements I would include in the handoff report for this patient are S: Carl Shapiro had a cardiac arrest, and he now has return of spontaneous circulation (ROSC). B: Mr. Shapiro was treated with nitroglycerin in the ED, he developed witnessed ventricular fibrillation, has no previously known allergies to medication or food, and the AED was used to convert the heart rhythm. A: last vital signs, heart rate was 82 with PVCs, infusion of normal saline is running, he was A&O x 4 before the arrest, he was on oxygen 2L per nasal cannula. R: follow up with the provider regarding the plan of care, neurological checks should be assessed along with the vital signs, the family will arrive and the provider will talk and update to them, and obtain vital signs every 15 minutes.

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.

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

→ If family of Mr. Shapiro had been present at the bedside during the arrest, I would request them and escort them out of the room and to the waiting room while also keep them in tune by giving them quick detail of the situation. As soon as the situation would come back to normal, I would update the family members first, and be truthful during the whole communication. If I had to repeat the scenario again, I would not stop CPR or let anything interrupt the CPR, and also ask to stand clear as soon as AED machine is ready to deliver shock but not stop in advance while AED is analyzing.

* *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/>*