

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel? This scenario made me feel sad for the patient that he was in so much pain and that he would have to get surgery because any surgery can be serious.

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 and vomiting.
- EBP/QI** Discuss signs and symptoms of hypovolemic shock. Hypotension, tachycardia, tachypnea, decrease in LOC, oliguria, cool clammy skin, fatigue, and weakness
- PCC/EBP** Discuss assessment and expected findings in a small bowel obstruction. Abdominal pain, decrease in appetite, constipation, vomiting, inability to have a bowel movement, and a distended abdomen.
- PCC/S/I/EBP** What key questions does the nurse ask in an acute abdominal pain assessment? Have you had any changes in your appetite, have you had any weight loss or weight gain, have you had any trouble swallowing, are you nauseous or having any episodes of vomiting, do you have any abdominal pain, any changes in your bowel patterns, when was the last time you went to the bathroom, and what medications are you taking.
- PCC/EBP/S** In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find? Increased Hct, pH, and HCO₃
- 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? Chest x-ray and a pH of gastric content of less than 5.
- 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. Stan Checketts presents to the ED with severe abdominal pain, nausea and vomiting, he is a 52-year-old male, and he hasn't urinated since yesterday and has had increasing stomach pains. His bowel sounds are hyperactive with a distended and tender abdomen. His skin is cool and clammy with decreased skin turgor. The doctor orders IV fluids, antiemetic for nausea, analgesics for pain, and surgery for small bowel obstruction.

Concluding Questions

What would you do differently if you were to repeat this scenario? How would your patient care change? I would deal with the pain a lot sooner to reduce further bowel obstruction and necrosis.