

Surgical Case 2: Stan Checketts

Documentation Assignments

1. Document your focused assessment of Stan Checketts' abdomen. The abdomen was distended and tender to touch. His skin was cold and there was decreased skin turgor. There were hyperactive bowel sounds.
2. Document immediate priority actions related to the treatment of hypovolemic shock. I phoned the provider who ordered IV fluids bolus.
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. Pt presents in ED with ABD pain, and N/V. ABD is distended. Poor skin turgor and dry mucous membranes. Patient has not voided since prior day. Patient voices feelings of dizziness since last night. Auscultation clear and normal breath sounds bilaterally, normal heart sounds, and hyperactive bowel sounds. Pt is being infused with a bolus of IV Normal Saline 500mL over 30 minutes to the right upper extremity. V/S: Patient status 3 ECG: Sinus tachycardia. P: 130, BP: 106/76, R: 28, SpO2: 90%. T: 98.6 F (37 C). Pt voiced C/O pain 4/10 to ABD. IV morphine 2mg slow pushed; pt indicates that pain has decreased to a 3/10. IV ondansetron 4mg pushed for nausea; pt indicates minor nausea but does not want anything further. NG tube inserted and applied to intermittent suction.
4. Document the two sets of vital signs (before and after nursing interventions) in the Stan Checketts scenario. Before: T:98, P:130, R:28, BP:106/76, SPO2: 90%, After: T:98.6, P:119, R:28, BP:115/81, SPO2: 93%.
5. Identify and document key nursing diagnoses for Stan Checketts. Deficient fluid volume related to inadequate fluid volume intake. Risk for imbalanced fluid volume, risk for electrolyte imbalance.
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. I obtained vitals on Mr. Checketts and then performed a lung, heart, and abdominal assessment. I then started an IV and gave fluids after assessing the patency of the IV. I placed an NG and checked placement by X-ray. I got a venous blood sample for a CBC and metabolic panel. I got an abdominal X-ray for diagnostic purposes. I then gave buprenorphine IV for pain and ondansetron IV for nausea. I placed a NC 4L to increase his SpO2. I re-examined his abdomen and re-assessed his pain. I educated the patient.