

### **Documentation Assignments**

1. Document your focused assessment of Stan Checketts' abdomen
  - a. My focus assessment was geared toward auscultating the abdomen and examining the abdomen for any abnormalities. In addition, I ask questions regarding the pain in the abdomen. I asked the patient to describe the pain, what made the pain better, what made it worse, and many more. If I was able to do more I would have palpated the abdomen to assess for any tenderness.
2. Document immediate priority actions related to the treatment of hypovolemic shock.
  - a. The immediate priority when the patient is experiencing hypovolemic shock includes Fluid resuscitation. The patient received fluid bolus to bring up his blood pressure.
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.
  - a. The patient is a 52-year-old man who presented with signs of small bowel obstruction. Symptoms included abdominal pain, vomiting, and nausea. Upon assessment the patient oxygen saturation was 90%. The patient was given 2 L of nasal cannula. An NG tube was inserted to decompress the stomach. The patient was given 500 mL of Normal Saline bolus due to low blood pressure.
4. Document the two sets of vital signs (before and after nursing interventions) in the Stan Checketts scenario.
  - a. In the beginning the patient's saturation level dropped to 90% after the patient was given supplemental oxygen his saturation increased. In addition, the patient's heart rate was elevated secondary to the abdominal pain. After the patient received an NG tube, the heart rate slowly began to decrease as he stated that he began to feel better.
5. Identify and document key nursing diagnoses for Stan Checketts.
  - a. The patient is at risk for severe dehydration related to nausea and vomiting. The patient had stated that his pain would be relieved only after he vomited.

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.
  - a. The patient is a 52-year-old male who presented to the ER with severe abdominal pain. On examination, it was revealed that the patient had a small bowel obstruction. The patient stated that he felt nauseated and felt relief after vomiting. The patient has a history of a previous surgery within 5 years. The patient is allergic to Demerol. The patients O2 saturation was 94% on 2 L nasal cannula, The patient is AOX4 with a temperature of 98.6 F. The patient received a CT scan, and it showed signs pointing to CT enterography. The patient should be prepared for surgery. In the meantime, vital signs should be assessed every 15 minutes.