

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

It was very easy to assess and intervene. I felt pretty confident with this scenario. I was able to interact with the patient better.

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?

Assessing bowel movement (frequency and characteristics), I/O, abdominal pain and bowel sounds, thirst, weight loss, dry mucous membranes, sunken-appearing eyes, decreased skin turgor, increased capillary refill time, hypotension and postural hypotension, tachycardia, weak and thready peripheral pulses.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

The patient in this scenario experienced an increased heart rate, decreased urine output, and increased sympathetic stimulation, cool, sweaty skin, Pale skin color (pallor), capillary refill time of 4 seconds.

Other S/S of Hypovolemic shock are Decrease in mean arterial pressure (MAP), Hypoxia, metabolism acidosis, hyperkalemia, Tissue ischemia, Severe tissue hypoxia with ischemia and necrosis, Multiple organ dysfunction syndrome (MODS) and even death.

PCC/EBP Discuss assessment and expected findings in a small bowel obstruction.

The patient shows signs of anorexia, complains of cramp and pain, unable to have a bowel movement, an inability to pass gas, constipation, and a loss of appetite, nausea and vomiting. Physical assessment findings include swelling of the abdomen, abdominal distention, hyperactive and tympany to percussion, cool, sweaty skin, Pale skin color (pallor), capillary refill time of 4 seconds.

PCC/S/I/EBP What key questions does the nurse ask in an acute abdominal pain assessment?

The key questions the nurse asks in an acute abdominal pain assessment is to ask the patient about pain and to describe the pain, whether it is a cramping, dull pain, And ask the onset of the pain and whether it is constant or if it comes and goes. And if the patient is experiencing nausea along with other abdominal pain. Lastly, ask if there is anything making the pain better or worse.

PCC/EBP/S In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

The abnormalities I found were Hgb was 20, hematocrit 60, WBC 17, Cl 95, BUN 40 and HCO₃ 35, CL 95, BUN 40, HCO₃ 35. Labs showed metabolic alkalosis.

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

The preferred method for confirming placement of the NG tube is Abdominal x-ray. And the nursing assessment for confirming placement is auscultation of air insufflated through the feeding tube (whoosh test)

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.

- S:** He is admitted with severe abdominal pain and Radiology shows a small bowel obstruction.
- B:** Stan Checketts is a 52-year-old male admitted last night, Mr. Checketts has a history of surgeries more than 5 years ago, He is allergic to Demerol, He has had worsening abdominal pain, nausea, and vomiting and he is a widower.
- A:** He had nausea and received ondansetron, Ondansetron had a good effect, O₂ saturations are 98% on oxygen 15 L per non-rebreather mask, Heart rate is 117, 3-lead ECG shows sinus tachycardia, He is alert and oriented times 4, Temperature is 98.6 °F (37 °C) tympanic, A bolus infusion of normal saline is administered due to dehydration, Small bowel obstruction is diagnosed with CT enterography, He rates his pain level to 4 out of 10 and I have educated the patient
- R:** Continue to monitor vital signs and respiratory assessment every 15 minutes, Please assess if we can decrease FiO₂ to target SpO₂ of 92% on your shift and Follow up with the provider regarding the plan.

Concluding Questions

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

I would have administered the oxygen earlier than I did. Besides that I would have not done anything different if I were to repeat the scenario. I did my assessment and intervention as ordered.