

Abide Balli

V sims Stan Checketts

Documentation Assignments

1. Document your focused assessment of Stan Checketts' abdomen.
My focus assessment for Stan was to inspect the abdomen (abdomen is bloated and distended), upon auscultation the abdomen is Hypoactive in all quadrants, lungs sound clear bilaterally, capillary refill is regular and normal, Oxygen maintained above 92% and respiration monitored very 15 minutes.
2. Document immediate priority actions related to the treatment of hypovolemic shock.
Normal saline 500ml for 30 min and airway maintenance (Non rebreather Mask).
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.
Mr Checketts is admitted with abdominal pain, he stated pain on scale of 5/10, his vitals were recorded as follows' 99 F, Pulse 118, RR 30, SpO2 90%, Pain 6/10. Upon abdomen auscultation, hypoactive sounds were heard in all quadrants, lungs sound clear bilaterally and heart S1S2 heard regular and symmetrical. Upon doctor request, an IV Bolus of 500ml Ns was given for 30 min. And this is done by first assessing the patency of the IV access. I then inserted NG tube and check placement by Xray and CT scan abdomen. I gave Morphine IV for pain 2mg depending on the pain and Ondansetron 8mg IV for nausea. I educated my patient on these drugs and call the provider for any additional symptoms he presented. Before leaving him, I reassess his abdomen and listen to his lungs.
4. Document the two sets of vital signs (before and after nursing interventions) in the Stan Checketts scenario.
First set: T (99), Pulse 130, RR30, BP 109/77, SpO2 90.
Second set: T(tympanic) 98 F, Pulse 116, RR28, BP 108/77, SpO2 95% NC 4L
5. Identify and document key nursing diagnoses for Stan Checketts.
Deficient fluid volume related to inadequate fluid volume intake.
Acute pain related to inflammatory process as evidenced by reports of pain (5/10)
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.
S: Mr Checketts is a 52 years old man admitted last night with abdominal pain, radiology shows a small bowel obstruction

B: Stan was admitted last night, he has a history of surgeries more than 5 years ago, he is allergic to Demerol, he presents abdominal pain, nausea and vomiting. he is a widower.

A: Upon assessment, his vitals are as follows; T 98.6 tympanic, Pulse 117, RR 28, SpO2 98 NR mask 15 ml, pain 4/10. He has nausea and he is A.O.4. Gave him Ondansertone, a bolus of NS was administered due to dehydration. A small bowel obstruction is diagnosed with CT scan enterorrhaphy, he rate his pain level to 4 out of 10, Morphine was administered as ordered and education was provided.

R: I will continue to monitor the patient every 15 minutes, monitor oxygen level at 92% upon discharge and follow up with the doctor with any concerns.