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Surgical Case 2: Stan Checketts

Documentation Assignments

1. Document your focused assessment of Stan Checketts' abdomen.

   → Mr. Checketts 52-year-old, male A&Ox4, vital signs T: 98.6°F, P 130, R 28, BP 108/78, SpO2 90%, lung sounds clear and equal bilaterally, heart sounds S1 and S2 present, RR sinus tachycardia, with no murmur, abdominal hyperactive sounds all four quadrants, non-tender, and distended. Pt reports pain on abdomen 4/10.

2. Document immediate priority actions related to the treatment of hypovolemic shock.

   → Immediate priority actions related to the treatment of hypovolemia shock are administering IV bolus 0.9% Normal Saline 500 ml, wide open. Patient may be experiencing nausea and vomiting, administer medication Ondansetron 4 mg via IV push. Do not give patient anything by mouth, and keep NPO. Insert nasogastric (NG) tube in order to irrigate contents from the gastric or stomach which will help alleviate nausea.

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 was given fluid bolus IV of normal saline for dehydration, ondansetron 4 mg was administered for nausea and vomiting, pt. reports feeling better and less nauseated. Morphine 2 mg was administered for 4/10 abdominal pain, patient reports reduction in pain 3/10. Nasogastric (NG) tube was inserted and placement was confirmed

with abdomen CT scan and X-ray to remove the gastric contents to alleviate the problem of nausea. Patient is NPO.

4. Document the two sets of vital signs (before and after nursing interventions) in the Stan Checketts scenario.

   → Before intervention vital signs T: 98.6°F, P 130, R 28, BP 108/78, SpO2 90%, pain 4/10. Post intervention vital signs T: 98.6F, P 111, R 28, BP 110/78, SpO2 99%, pain 3/10.

5. Identify and document key nursing diagnoses for Stan Checketts.

   → Nursing diagnosis for Stan Checketts are: Risk for decreased cardiac output, risk for imbalanced fluid volume, risk for electrolyte imbalance, risk for hypovolemic shock.

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 was admitted with severe abdominal pain. Radiology shows a small bowel obstruction. B: Stan Checketts is a 52-year-old male admitted last night, has a history of surgeries more than 5 year ago, allergic to Demerol, has worsening abdominal pain, nausea, and vomiting. The patient is a widower. A: Pt is A&O x 4, he received ondansetron 4 mg for nausea and vomiting, ondansetron had a good effect, O2 saturation is 99% on 10 L/non-rebreather mask. Heart rate 117, 3-lead ECG shows sinus tachycardia, bolus infusion of Normal saline was administered for dehydration, small

bowel obstruction is diagnosed with CT enterography. R: Continue to monitor vital signs every 15 mins, and follow up with the PCP regarding the plan.