

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

I felt confident in this scenario because I was able to pass on the first try. I felt comfortable with the assessments that needed to be done as well as interventions needed from the chart.

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?

Some symptoms of dehydration are dry mouth, tenting of the skin, dark colored urine, dizziness, and lethargy.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Symptoms of hypovolemic shock are cool and clammy skin, decreased urine output, pale skin, rapid breathing, and diaphoresis.

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

Some expected findings are abdominal distension, nausea, vomiting, and severe pain. The pain can be crampy. The patient can also have symptoms of dehydration.

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

Assessment is needed to determine pain location, quality, level, and if it radiates anywhere. GI assessment for color and amount of stool, is there blood in urine? Or any pain when you eat? Anorexia? Any recent surgeries?

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

The patient's hemoglobin and hematocrit were both elevated. His BUN and creatinine were also elevated. Both of these can help indicate dehydration.

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?

A chest x ray is the best way to confirm placement. You can also aspirate to check the pH of the contents or push air into tube and listen with your stethoscope.

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.

Situation: Patient was admitted with severe abdominal pain. The radiology showed that there was a small bowel obstruction. PCP was called and he is coming to further evaluate the patient.

Background: Patient is a 52 year old male who was admitted yesterday. He is having increasing pain and nausea and vomiting. He has a past surgical history of multiple surgeries in the past five years. He has an allergy to the medication Demerol with a side effect of rashes. He is a widower.

Assessment: He is A&Ox4. O2 is 90%, Temperature 98.6F, HR 130, BP 110/90, and pain 4/10. Bolus infusion of normal saline 500 ml started at a rate of 30 minutes. Morphine and Ondansetron were given to control pain and nausea. Small bowel obstruction was diagnosed after the CT.

Recommendation: Continue to monitor vital signs and pain level. Follow up with provider regarding plan of care.

Concluding Questions

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

I would continue to follow up with the provider for any changes in care. But overall I think I wouldn't change much about my assessments and interventions with this patient.

* *The Scenario Analysis Questions are correlated to the Quality and Safety Education for Nurses (QSEN) competencies: Patient-Centered Care (PCC), Teamwork and Collaboration (T&C), Evidence-Based Practice (EBP), Quality Improvement (QI), Safety (S), and Informatics (I). Find more information at: <http://qsen.org/>*