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Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

→ The scenario made me feel like I was doing everything and checking on patient as I should. However, I was worried that his respiration rate was not decreasing, and sinus tachycardia did not change; his heart rate was still high i.e., 117.

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?

→ When reflecting on the care of Stan Checketts, signs and symptoms I can assess to next patient for risk of dehydration is check for skin turgor, headache, nausea, vomiting, dry mouth, lightheadedness, urine color dark, and smelly.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

→ Decreased or no urine output, decreased blood pressure/hypotension, confusion, tachycardia, tachypnea, decreased LOC and confusion, pale skin color, diaphoresis, fatigue, cool and clammy skin.

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

→ Assessment and expected findings in a small bowel obstruction are as follows: severe abdominal pain, decrease in appetite, constipation, vomiting, inability

to pass a flatus or bowel movement, distended abdomen, hyperactive bowel sounds.

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

➔   The nurse asks questions such as**:** where is the pain located? How long ago the pain had started? If the pain radiates to anywhere else? Describe the characteristic of pain. And rate the pain on the scale of 1 to 10.

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

➔   In evaluating Stan Checketts' laboratory values, we find that he has metabolic alkalosis because of vomiting, and respiratory acidosis due to low oxygen saturation levels.

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?

➔   Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. Preferred methods for confirming placement are X-ray of the abdomen, using penlight to check the tube by asking patient to open their mouth and sticking tongue out, and suctioning little amount of the secretion and checking the pH level.

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: 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. 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.

Concluding Questions

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

If I had to repeat the scenario, somethings I would do differently are that I would ask about any allergies to medication before administering medication, double check the medication such as morphine with another nurse before administration, and assess patient's nausea.

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* 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/