

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

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?

Low blood pressure, distant radial pulse, electrolyte imbalance, increased thirst, dry mouth, dry skin, possible confusion, and fatigue.

EBP/QI Discuss signs and symptoms of hypovolemic shock.

Increased heart rate, low blood pressure, rapid, shallow breathing, cool clammy pale skin, decreased urine output, nausea/vomiting.

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

Focus assessment on abdomen, including inspecting the shape, color of the skin on the abdomen, monitoring vital signs, assess types, severity of pain and location.

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

Type, severity and location of the of pain. Also ask if pain subsides with any interventions

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

I would notify the health care provider and make care plan based on the value

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?

Xray

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.

Patient is 52 year old male, admitted last night for abdominal pain, nausea, and vomiting. small bowel obstruction was confirmed after CT scan. Ondansteron was administered and it was affective. NG tube was place and intermittent suction was provided. Due to dehydration, NS bolus of 500 mL was

administered . T: 100.9, HR: 117, RR:28, BP 105/ 75, O2 98. Check vital signs every 15 min, including pain assessment. Call HCP to find out available treatment.

Concluding Questions

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

It was obvious that the patient was in pain. Before asking about all the background of the current illness I could have done the pain assessment and management first then continue with the rest of the necessary assessments and interventions. It is important to always think about what is best for the patient first.

* *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/>*