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Skyler Hansen: Guided Reflection Questions and Documentation

1. How did the scenario make you feel?
    - Mr. Hansen's case was an important reminder to act quickly and treat hypoglycemic patients as efficiently as possible. I grew up watching my father who has Type I diabetes suffer from numerous hypoglycemic episodes. His hypoglycemic events helped our family become more aware of his diet and medication regimen and prepare for emergent events. My initial attempt and assessment questions prolonged Mr. Hansen's treatment and rapid recovery from his hypoglycemic event. As a result, he went into a hypoglycemic crisis and had obstructed breath sounds. This led me to call for help and call the code team. Mr. Hansen's glucose level dropped to 38mg/dL and his condition deteriorated shortly after. Nonetheless, I learned from my mistakes and noted the areas where I went wrong by the third try. By my third attempt, I was able to prevent Mr. Hansen from deteriorating and his condition was stable.

2. What management options would have been appropriate if Skyler Hansen had been alert and could swallow?
    - Appropriate management options for Mr. Hansen had he been alert and able to swallow would be to administer 15-20g of a fast-acting concentrated source of carbohydrates. Patients with diabetes should be educated to always carry some form of simple sugar with them. Glucose tablets and gels are convenient to carry and can be readily available in the event that a hypoglycemic event occurs. However, if patients do not have emergency snacks readily available, other forms of food can be eaten.

3. If Skyler Hansen's acute hypoglycemic episode had not have been treated immediately, what could have happened?

- If Mr. Hansen's acute hypoglycemic episode had not have been treated instantaneously, then he would experience a sudden drop in blood glucose level, impaired CNS function such as headaches, lightheadedness, confusion, memory lapse, slurred speech, irrational or combative behavior, and in severe cases, seizures or loss of consciousness may occur.

4. If too much glucose were administered to Skyler Hansen while the health care team was trying to correct his blood glucose level, what could occur?
    - If Skyler Hansen's medical team administered too much glucose while attempting to correct his hypoglycemic episode, then he would go into diabetic ketoacidosis. DKA is most seen in patients with Type I Diabetes. This metabolic derangement is caused by high glucose and low insulin levels in the blood. Furthermore, highly acidic ketone bodies are produced, and metabolic acidosis occurs. Clinical manifestations of DKA include polyuria, polydipsia, nausea, vomiting, and fatigue. If untreated, the patient may go into a coma or stupor.

5. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
    - **Situation**: Mr. Skyler Hansen is an 18-year-old male who experienced a hypoglycemic episode which was treated during my shift in the emergency department. His accompanying friend reported he was acting "weird" during a basketball game. Skyler mentioned he was feeling light-headed and sat down. He was diagnosed with Type 1 diabetes six months prior.
    - **Background:** Within 30 minutes of arrival, Skyler became diaphoretic, and displayed erratic behavior and slurred speech. According to his friends, Mr. Hansen's hypoglycemic episode stemmed from a lack of nutrition for five hours and participating in strenuous activities with his friends. Furthermore, Mr. Hansen was recently diagnosed with Type I diabetes six months prior and has no known allergies. He currently lives with his family.
    - **Assessment:** Prior to a visit from his provider, Mr. Hansen's vital signs and blood glucose were obtained. The provider was notified of his results and placed orders for

immediate treatment. The provider ordered dextrose 50% as an IV push and infusion with normal saline at 50ml per hour. IV access was obtained and began infusion in the left arm as per the provider's orders. Mr. Hansen became alert and oriented times four and was provided with carbohydrates and protein. He can tolerate an oral diet and does not have difficulty swallowing. Mr. Skyler was educated on hypoglycemic prevention methods as well.

    - Initial vital signs: Heart rate: 95. Blood pressure 129/77 mm/hg. ECG showed normal sinus rhythm. Respirations:20. Sp02: 96%. Temperature: 98.6 degrees Fahrenheit. Blood glucose level: 56mg/dL
    - After 15 minutes, I reassessed Mr. Skyler's vital signs and blood glucose levels. Heart rate: 85. ECG showed normal sinus rhythm. Blood pressure:124/73 mm Hg. Respiration: 12. Sp02: 96%. Temperature: 98.6 Fahrenheit. Blood glucose: 110 mg/dL.

- **Recommendation:** Mr. Hansen is now stable and needs his vital signs and blood glucose levels assessed hourly. It is important to monitor the patient closely for signs of hypoglycemia for 24 hours because of the increased risk for another episode. Patient education is important in addition to a follow-up visit with his provider regarding his treatment plan.

6. Describe age-appropriate patient teaching for Skyler Hansen and resources that may be helpful to him.
    - As a newly diagnosed 18-year-old patient, Mr. Hansen may have difficulty understanding his condition due to the overuse of medical jargon. It's important to use laymen's terminology while discussing prevention and treatment options for young adult patients. Adjustments to a new diagnosis may warrant coping time. Mr. Skyler would be educated on early signs of low blood sugar such as sweating, tremors, high heart rate, nervousness, and hunger. If he were to experience these symptoms, then I would advise him to carry glucose tablets or carbohydrates. Furthermore, I would educate Mr. Skyler to avoid skipping meals and excessive physical activity. Moreover, I would advise him to seek medical attention or reach out

to his primary provider for beneficial resources or information regarding Type I Diabetes.

7. Discuss confidentiality and legal empowerment of 18-year-old patients such as in Skyler Hansen's case.
    - Patients 18 years or older can consent to treatment or make medical decisions without the consent of their parents. The Health Insurance Portability and Accountability Act requires healthcare providers to maintain patient information from being disclosed without their knowledge or consent. Mr. Hansen's treatment and plan of care would not be disclosed to his family without his consent or knowledge under this law.

8. What would you do differently if you were to repeat this scenario? How would your patient care change?
    - During my initial attempt of treating Mr. Hansen, I failed to measure his blood glucose level prior to administering dextrose 50% in water. In my third attempt, I verified his glucose level prior to dextrose administration and notified the provider of his results. Furthermore, my patient deteriorated rapidly in which, I called for help and activated code blue. His blood glucose level was 38mg/dL and his EKG showed supraventricular contractions. Though I took further measures to prevent Mr. Hansen from deteriorating, I realized I could have prevented rapid deterioration by assessing his blood glucose levels and obtaining orders from his provider early on. On my third attempt, Mr. Skyler's blood glucose levels was 56mg/dL prior to administering Dextrose 50%. He was alert and oriented and was given oral carbohydrates. Lastly, I provided patient education when Mr. Skyler became alert and oriented.

1. Document your focused assessment for Skyler Hansen.
    - Skyler Hansen is alert and oriented times one to himself. Patient's vitals HR: 94 is regular without murmur, BP: 127/76mm Hg, RR: 20 unlabored and equal bilaterally, Sp02:97% room air, tympanic temperature: 98.6. Normal sinus rhythm. The patient's pain level is 0 out of 10. Blood glucose was 56 mg/dL. Obtained IV access in left arm

and assessed site for infiltration and phlebitis. I administered 50mL of dextrose 50% in water via IV as ordered.

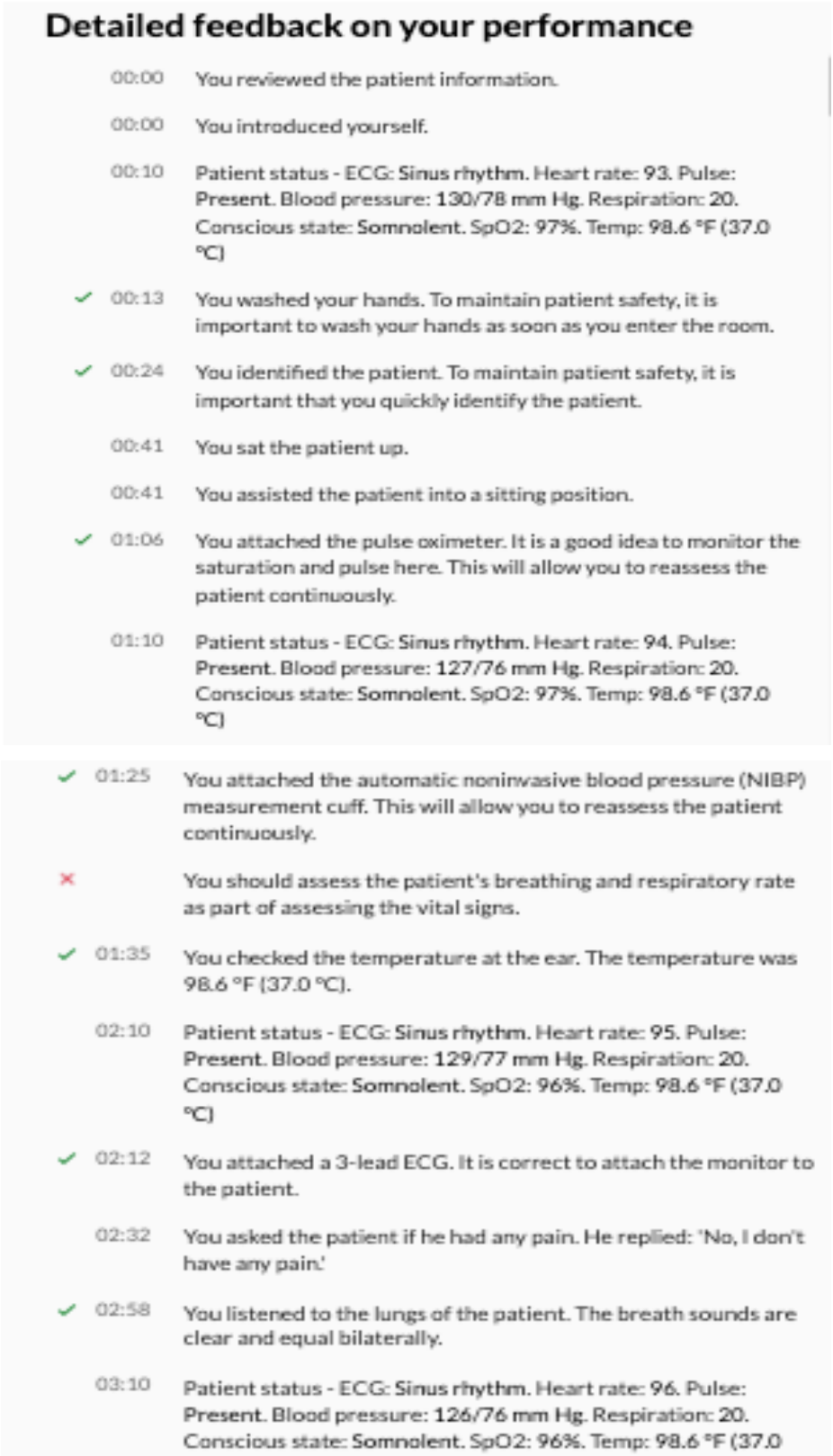
- Re-assessed the patient's vital signs within 15 minutes. Vital signs showed the following: HR is 92 and regular without murmurs, BP is 124/75, RR:12 unlabored and equal bilaterally. Sp02: 95% room air. Temperature 98.6F. Patient is stable and has normal sinus rhythm. Blood glucose was 110mg/dL. Provider was notified of improvement. Provided Mr. Hansen with carbohydrates orally as ordered.

2. Identify and document key nursing diagnoses for Skyler Hansen.
    a. Imbalanced Nutrition: less than body requirements
    b. Deficient Knowledge
    c. Risk for unstable blood glucose level

3. Document Skyler Hansen's blood glucose levels that occurred in the scenario.
    - Skyler's initial glucose level prior to administering IV dextrose 50% in water was 56mg/dL. Re-assessment of his glucose after IV administration was 110mg/dL.

4. Document the changes in Skyler Hansen's vital signs and clinical manifestations of hypoglycemia throughout the scenario.
    - Clinical manifestations of hypoglycemia seen in Skyler Hansen's vital signs were tachycardia as evidenced by an increased heart rate of 93 beats per minute, and irrational behavior evidenced by the drop in blood glucose level of 56mg/dL. Additional clinical manifestations seen throughout the scenario were emotional changes and memory lapse.

5. Referring to your feedback log, document the nursing care you provided.



Detailed feedback on your performance

	00:00	You reviewed the patient information.
	00:00	You introduced yourself.
	00:10	Patient status - ECG: Sinus rhythm. Heart rate: 93. Pulse: Present. Blood pressure: 130/78 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 97%. Temp: 98.6 °F (37.0 °C)
✓	00:13	You washed your hands. To maintain patient safety, it is important to wash your hands as soon as you enter the room.
✓	00:24	You identified the patient. To maintain patient safety, it is important that you quickly identify the patient.
	00:41	You sat the patient up.
	00:41	You assisted the patient into a sitting position.
✓	01:06	You attached the pulse oximeter. It is a good idea to monitor the saturation and pulse here. This will allow you to reassess the patient continuously.
	01:10	Patient status - ECG: Sinus rhythm. Heart rate: 94. Pulse: Present. Blood pressure: 127/76 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 97%. Temp: 98.6 °F (37.0 °C)
✓	01:25	You attached the automatic noninvasive blood pressure (NIBP) measurement cuff. This will allow you to reassess the patient continuously.
✗		You should assess the patient's breathing and respiratory rate as part of assessing the vital signs.
✓	01:35	You checked the temperature at the ear. The temperature was 98.6 °F (37.0 °C).
	02:10	Patient status - ECG: Sinus rhythm. Heart rate: 95. Pulse: Present. Blood pressure: 129/77 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
✓	02:12	You attached a 3-lead ECG. It is correct to attach the monitor to the patient.
	02:32	You asked the patient if he had any pain. He replied: 'No, I don't have any pain.'
✓	02:58	You listened to the lungs of the patient. The breath sounds are clear and equal bilaterally.
	03:10	Patient status - ECG: Sinus rhythm. Heart rate: 96. Pulse: Present. Blood pressure: 126/76 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 96%. Temp: 98.6 °F (37.0

✓	03:13	You listened to the heart of the patient. This is reasonable. There were regular heart sounds without murmurs.
	03:20	You asked the patient if he knew where he was. He replied: 'I'm right here!'
	03:27	You reviewed the orders.
	03:46	You asked if the patient was allergic to anything. He replied: 'Get me out of here!'
	04:10	Patient status - ECG: Sinus rhythm. Heart rate: 96. Pulse: Present. Blood pressure: 125/75 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
✓	04:16	You checked blood glucose. It was 56 mg/dL (3.1 mmol/L) It was sensible to check the blood glucose here.
✓	04:38	You phoned the provider in order to discuss the patient.
	04:54	You washed your hands.
	05:10	Patient status - ECG: Sinus rhythm. Heart rate: 97. Pulse: Present. Blood pressure: 131/78 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 95%. Temp: 98.6 °F (37.0 °C)

✓	05:35	You obtained IV access in the arm. It's correct to obtain IV/IO access here.
	05:36	You flushed the cannula. It is reasonable to flush the cannula here.
	06:10	Patient status - ECG: Sinus rhythm. Heart rate: 98. Pulse: Present. Blood pressure: 128/76 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 95%. Temp: 98.6 °F (37.0 °C)
✓	06:14	You compared the medication label with MAR. This was reasonable.
✗	06:43	You started a 50 mL infusion of normal saline at 50 mL/hr. The ordered volume was 1000 mL. The administered volume was too low.. You should have used the basic rights of medication administration to avoid improper use of drugs.
	06:53	You flushed the cannula.
	07:10	Patient status - ECG: Sinus rhythm. Heart rate: 98. Pulse: Present. Blood pressure: 131/77 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 95%. Temp: 98.6 °F (37.0 °C)

✓	08:09	You compared the medication label with MAR. This was reasonable.
	08:10	Patient status - ECG: Sinus rhythm. Heart rate: 99. Pulse: Present. Blood pressure: 133/79 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 95%. Temp: 98.6 °F (37.0 °C)
✓	08:49	You identified the patient. If you are in doubt, it is always a good idea to repeat the identification.
	09:10	Patient status - ECG: Sinus rhythm. Heart rate: 99. Pulse: Present. Blood pressure: 130/78 mm Hg. Respiration: 20. Conscious state: Somnolent. SpO2: 95%. Temp: 98.6 °F (37.0 °C)
✓	09:10	You administered 50 mL of dextrose 50% in water IV. It is important to use the basic rights of medication administration to ensure proper drug therapy. This was indicated by order.
	09:20	Patient status - ECG: Sinus rhythm. Heart rate: 92. Pulse: Present. Blood pressure: 124/75 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 95%. Temp: 98.6 °F (37.0 °C)
✓	09:59	You provided patient education. This is correct. It is important to use every opportunity to provide patient education.

	10:20	Patient status - ECG: Sinus rhythm. Heart rate: 87. Pulse: Present. Blood pressure: 123/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 95%. Temp: 98.6 °F (37.0 °C)
✓	10:42	You took a venous blood sample. This was correct as part of completing the order for a metabolic panel.
	10:50	You flushed the cannula. It is reasonable to flush the cannula here.
	11:20	Patient status - ECG: Sinus rhythm. Heart rate: 86. Pulse: Present. Blood pressure: 121/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
✓	11:54	You provided patient education.
	12:02	You asked the patient if he felt better. He replied: 'Yes, thanks.'
	12:20	Patient status - ECG: Sinus rhythm. Heart rate: 86. Pulse: Present. Blood pressure: 125/74 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
✓	12:38	You gave the patient protein and carbs orally. This was a good idea.

	12:48	You gave the patient a sip of water.
	13:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 122/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
✓	13:48	You assessed the patient's IV. The site had no redness, swelling, infiltration, bleeding, or drainage. The dressing was dry and intact. This is correct. Assessing any IVs the patient has is always important.
✓	14:11	You identified the patient. If you are in doubt, it is always a good idea to repeat the identification.
	14:17	You asked the patient if he knew where he was. He replied: 'This is the emergency department, right?'
	14:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 122/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	14:31	You asked the patient what year it is. He replied: 'The year is 2023.'

✓	15:09	You checked blood glucose. It was 110 mg/dL (6.1 mmol/L)
	15:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 124/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	15:32	You looked for normal breathing. He is breathing at 12 breaths per minute. The chest is moving equally.
✓	15:57	You phoned the provider in order to discuss the patient.
	16:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 123/74 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	16:43	You washed your hands.
	17:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 125/74 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	17:32	You reviewed the patient log.
	17:46	You reviewed the diagnostics.

	17:47	You reviewed the clinical observations.
	17:56	You reviewed the MAR.
	18:07	You reviewed the radiology information.
	18:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 121/72 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	19:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 123/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	20:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 123/74 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	21:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 124/74 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	22:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 124/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	23:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 122/72 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	24:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 123/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	25:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 122/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
✓	26:15	You identified the patient. If you are in doubt, it is always a good idea to repeat the identification.
	26:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 123/74 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)

	26:33	You washed your hands.
✓	26:45	You checked blood glucose. It was 110 mg/dL (6.1 mmol/L)
✓	26:54	You provided patient education.
	27:07	You looked for normal breathing. He is breathing at 12 breaths per minute. The chest is moving equally.
✓	27:19	You assessed the patient's IV. The site had no redness, swelling, infiltration, bleeding, or drainage. The dressing was dry and intact. If you are in doubt, it is always a good idea to reassess any IVs the patient has.
	27:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 122/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
✓	27:32	You checked the temperature at the ear. The temperature was 98.6 °F (37.0 °C).
	27:43	You asked the patient how he felt. He replied: 'I feel okay I guess.'
✓	27:55	You provided patient education.
	28:02	You washed your hands.
	28:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 122/73 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	28:43	You reviewed the 12-lead ECG.
	29:20	Patient status - ECG: Sinus rhythm. Heart rate: 85. Pulse: Present. Blood pressure: 125/74 mm Hg. Respiration: 12. Conscious state: Appropriate. SpO2: 96%. Temp: 98.6 °F (37.0 °C)
	30:00	The simulation has timed out.