

## Guided Reflection Questions for Surgical Case 5: Lloyd Bennett

ABIDE BALLI

NUR 493

Alliance University

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### Opening Questions

How did the scenario make you feel? Having a good background on blood transfusion from previous simulations in our labs, I was anticipating an adverse reaction. Overall, I was prepared to intervene in case my patient develops any reactions.

### Scenario Analysis Questions\*

**PCC/S/EBP** Prior to blood administration, what assessments of the blood product and the patient are required to promote safe delivery and lessen potential complications? The nurse must verify the informed consent

**The blood must be verified by two nurses to confirm that it is correct blood and the correct patient. The product must be inspected for any alternations, assess IV access for infiltration, swelling, redness. Vitals signs should be checked and the nurse should stay with the patient at the beginning of the transfusion to monitor signs and symptoms of adverse reaction.**

**PCC** What signs and symptoms first indicated the patient was having a transfusion reaction?

### Lower back pain, anxiety and chills

**PCC/EBP** Review the immediate priorities when a transfusion reaction occurs and the rationale for each.

#### **Stop the transfusion**

**Replace the tubing containing blood with the new tubing primed with NS, do not flush IV tubing containing blood, continue to maintain IV access, check vitals, Notify the provider while staying with the client, Verify the client ID, treat symptoms, notify the blood bank.**

**S** What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

**S: Patient is 76-year-old male who had a blood transfusion reaction, the blood bank was contacted and treatment plan is initiated.**

**B: He is 76-year-old male, he underwent a left hip arthroplasty two days ago and has no known allergies. The provider ordered 2 units red blood transfusion**

**A: Mr Bennett complains of back pain, is alert oriented times 4, an infusion of NS is started at 100ml/hr, left hip dressing is clean, dry intact, RR 22, HR 102, T 98.6F, SpO2 96% pain 1 out of 10**

**R: Monitor vs every 15 minutes, call provider if patient is unstable, notify provider when labs results are available and educate patient on blood transfusion.**

## Concluding Questions

What follow-up blood work may be required?

Urine sample for presence of Hemoglobin and hematocrit every hour

What follow-up disclosure is required with Lloyd Bennett and his family?

It is important to keep in touch with the family and educate them on the transfusion reaction and possible complications.

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

I would have assess the vital signs after the blood transfusion, I did not prioritize taking the patient temperature after the reaction and forgot to flush the IV line prior to starting the infusion of blood.

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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/>*