Surgical Case 5: Lloyd Bennett

Documentation Assignments

1. Document your focused postoperative assessment for Lloyd Bennett.
   I asked the patient about current illness including any symptoms that he was feeling – he stated that he was dizzy especially when moving in bed. He stated he had no pain. Dressing site should be assessed for drainage, swelling, bleeding, and infiltration. Patient is alert and oriented x 4. He has normal skin turgor with a pale color. Lung sounds are clear bilaterally and S1 S2 regular with no murmurs.
   Vital signs are all within normal range. HR 95, BP: 111/73, RR 18, Temp: 98.6 F, and O2 94%.

2. Document Lloyd Bennett's allergies in his chart.
Patient has no known allergies. He experienced a transfusion reaction during an administration of packed red blood cells.

3. Document Lloyd Bennett's vital signs during the transfusion reaction.
Vital signs after the transfusion reaction were heart rate 97, Blood pressure 113/74, O2 94%, RR 19, Temperature 98.9%.

4. Document the priority nursing actions completed during the transfusion reaction.
   Transfusion was stopped. Patient was assessed for current symptoms. I called the doctor to update plan of care. Obtained a urinalysis and blood draw on the patient. The patient was started on an infusion of normal saline at a rate of 100ml/hr. Blood bank was contacted and the patient was assessed further including heart and lung sounds, pain level, and vital signs.

5. Identify and document key nursing diagnoses for Lloyd Bennett.
Acute pain
Risk for injury
Altered tissue perfusion
Anxiety

6. Referring to your feedback log, document the nursing care you provided.
Upon entering the room, I washed my hands, introduced myself to the patient, and identified my patient. I assessed him for any allergies and assessed his pain level and current illness.
I assessed vital signs, skin assessment, heart sounds, lung sounds, and his IV access.
I obtained informed consent from the patient and verified the blood product. After checking the rate with another nurse, I began an infusion of packed red blood cells at 100ml/hr.

Patient developed a transfusion reaction. The infusion was stopped, and patient was assessed further. After contacting the HCP, I obtained a urinalysis as well as a blood sample. I started a new infusion of normal saline at 100ml/hr. I contacted the blood bank as well to let them know about the reaction.
I reassessed my patient's vital signs as well as heart and lung sounds. Patient handoff.