

Guided Reflection Questions for Surgical Case 5: Lloyd Bennett

Opening Questions

How did the scenario make you feel?

I had a feeling that because a blood transfusion was ordered, the patient would have a transfusion reaction, so I was mentally prepared for it. I got frustrated because the order said to run the transfusion of 2 units at 100ml/hr, but it didn't say the total volume. I had to search for a while because it was a small detail in another part of the chart.

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 blood products need to be verified by two nurses. The blood needs to be assessed to make sure it's given in the correct time frame as well. The patient needs to be educated on what signs and symptoms to look out for. Any pre-transfusion medications need to be given as well as vital signs before its started. An IV needs to be set up in the patient as well as Y tubing for the blood products. The nurse must stay with the patient for 15 minutes once the transfusion is started.

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

The patient stated that he felt uneasy and that he began to have lower back pain once the transfusion started.

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

Stop the transfusion once a reaction occurs. Assess the patient for signs and symptoms as well as vital signs. Contact provider to update and get any new orders.

With any new medications or transfusions given through the IV there needs to be a new line in order to not transfuse more of the blood the patient reacted to. The blood bank needs to be called as well as blood products and lines used sent down to them.

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

Situation: The patient is a 76-year-old man who is A&Ox3. He has low level of hemoglobin at 6.9 and has complaints of dizziness. He was started on 2 units of PRBC's at 100/ml and was discontinued because of a transfusion reaction of back pain. Provider was contacted and patient is now on an infusion on normal saline.

Background: The patient was admitted two days ago with a femoral head fracture and is post-op left hip arthroplasty.

Assessment: After transfusion reaction patient presented with lower back pain on a scale of 1/10 and feelings of uneasiness. Patient lungs are clear bilaterally and heart is regular with no murmurs. Patients vitals are within normal limits. Transfusion was discontinued once reaction began.

Recommendation: Continue to assess vital signs every 15 minutes. Call provider with any changes in assessment. Continue updated plan of care.

Concluding Questions

What follow-up blood work may be required?

A CBC or BMP may be ordered for the patient. Another type and cross match may be ordered if the patient needs another transfusion in a couple days.

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

It's important to educate the patient on what happened and how he is going to be cared for. Also, to educate the patient why he may be getting certain tests done such as blood work or the urinalysis. Also, that the blood bank was called, and the hospital is going to figure out why the transfusion reaction occurred.

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

One thing I would do differently is assess the patients surgical dressing, that was one part I forgot to do.

* *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/>*