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VSIm: Carl Shapiro

Documentation

1. During the scenario, Mr. Shapiro's cardiac rhythms were normal sinus rhythm with premature ventricular contractions (PVCs), ventricular fibrillation, pulseless electrical activity (PEA), then asystole
2. For Mr. Shapiro's vital signs, they were normal from the start: 86 HR, 121/76 BP, 96% O2 saturation. During the heart attack, his HR, BP, and O2 saturations were absent from the monitor. Once he came back, after CPR, his HR was at 62 BPM, 94% O2 sat, and 119/70
3. Mr. Shapiro stated that he smoked half a pack of cigarettes per day. This is very dangerous since he has a history of angina and a recent heart attack. It is important that the nurse educates Mr. Shapiro the vasoconstrictive properties of nicotine and how that can provoke another cardiac event. Mr. Shapiro also said that he had a history of hypertension which can also affect heart health because of the increased workload of the heart. HTN can lead to atherosclerosis and complicated CAD symptoms which can lead to another cardiac event. The doctor will have to do a cardiac catheterization to see the coronary artery health.
4. Assessment & Nursing Care I provided:
 - a. Temperature was 97.6 F, pedal and radial pulses were normal, capillary refill was less than 3 seconds, patient's respiratory rate was 12 with equal rising of the chest. I auscultated his heart and there were no murmurs. Patient was alert and oriented x 4 when I came into the room. Had no signs of pain or discomfort until the heart attack. No altered mental status or irritability during discussion of health history
 - b. During CPR, I made sure to put the patient in a supine position with a CPR board on his back. Before his cardiac event, I made sure to get his past medical history, pain assessment, and check his IV line. I made sure when he regained consciousness (Returning Spontaneous Circulation), to stop the CPR. If the VSIm continued, I would have educated him on lifestyle modifications, regarding his hypertension and smoking habits, to reduce the likelihood of another heart attack.

Reflection Questions

- What could have been the cause of Carl Shapiro's Ventricular Fibrillation?
 - I think his cause would have been his coronary artery health. During the simulation, I made sure to ask him about his past medical health and lifestyle habits. Smoking and hypertension are, definitely, causes for CAD which can lead to a heart attack.
- When performing CPR for Carl Shapiro, what are quality indicators you are performing resuscitation correctly?
 - The vital signs and the ECG should have glimpses of or return to normal numbers results. During the VSIm, I was looking at his vitals while the CPR was being done, and the moment I saw a regular sinus rhythm, I would stop it. Obviously, on video, it is hard to tell, but, according to my BLS training, a good resuscitation is

hard on the right spot with minimal interruptions. During my first try, I had points deducted for doing a different intervention while doing CPR.

- If Carl Shapiro would have had a return of spontaneous circulation (ROSC), what would your next intervention be?
 - During my VSim, Mr. Shapiro did have a ROSC. On one of my attempts, he went back into asystole because I did not stop the CPR and defibrillation. However, on my final attempt, I stopped the moment I saw a sinus rhythm of the ECG. He regained consciousness and the VSim ended there. I would call the doctor and let the patient know what happened because he would not remember it. I would, also, use the time to educate the patient on how lifestyle modification can help prevent this event from happening.
- What key elements would you include in the handoff report for this patient? Consider the SBAR
 - I would first let write down what happened during my care of the patient. Mr. Shapiro was well with normal vital signs until the event. I would write in the S section of how he had an angina couple hours before my shift and another one during my shift with CPR. For B, I would write down his hypertensive history and smoking history. For assessments, I would write down his vital signs. For R, I would write that the nurse should make sure to monitor his blood pressure for hypertension and listen to heart sounds to make sure there are no irregularities. Also, it is most likely the Mr. Shapiro will need a cardiac catheterization to see what exactly is going on with his coronary arteries
- If his family was at bedside, describe what you would have done to support them during the crisis?
 - I would quickly let them know what the situation is and what needs to be done. Then, ask if any of them had certified CPR training so that I can get help as soon as possible. I would ask the rest of them to leave the room. This is because during defibrillation, space is needed. If the patient needs to go to the ER, they will need to get out of the way as well once the Code response team arrives. This is a time-sensitive emergency and resuscitation of the patient is priority over all else in the room.
- What would you do differently if you were to repeat this scenario? How would your patient care change?
 - To be honest I am not sure, I did this practice during a VSim with the seniors of my school before. I think, with that experience, I would want to be quicker with my interventions and more efficient. For them, a CPR situation was instinctual with no necessary time to think because they knew exactly what to do at what time. This VSim is great because I think in real life, this has to be second nature. Thought carefully beforehand, but instinctual through practice. I got a 100 for the scenario and I need to do this in real life to really see where I can improve. I would have given epinephrine during the event but, I do not think the VSim was looking for pharmacological interventions. My quality CPR skills will definitely need practice.