

vSim Health Assessment Case 10: Rashid Ahmed

Documentation Assignments

1. Document your findings and Rashid Ahmed's reactions related to assessments of fluid balance, potassium replacement, and antibiotic therapy.

While evaluating the fluid balance, Rashid Ahmed's status improved, with good skin turgor, moist mucous membranes, and normal urine output. Capillary refill time was acceptable, and he complained of less dizziness upon standing, a sign of positive fluid resuscitation. Rashid's potassium level, which had initially stood at 2.9 mEq/L, was constantly checked during treatment to replace this electrolyte. He had no problems with the intravenous potassium and was not observed any signs of Hyperkalemia or cardiac problems. Rashid showed no signs of allergy or side effects while using antibiotics for gastroenteritis. He continued not to have a fever, and his subjective complaints of abdominal pain, diarrhea, and nausea were recovering gradually. Rashid felt relieved and was bending to the doctor's commands to follow the intended treatment path.

2. Document your head-to-toe assessment findings.

Rashid Ahmed is oriented to person, place, time, and event. His physical examination was normal, with a pulse of 73 per minute, respiration of 16 per minute, blood pressure of 112/72 mm Hg, and oral temperature of 36.8°C (98.2°F). His skin turgor was good, he had no skin lesions, was warm and dry, and his capillary refill was normal without any tenting. Mucous membranes were moist. Auscultation of both lungs revealed vesicular and healthy lung sounds. An abdominal examination revealed normoactive bowel sounds in all four sections, and there was no guarding or tenderness. There were no changes in peripheral edema, and pedal pulses were equally diminished on both the right and left sides of the patient. Rashid was fully alert and oriented and had no complaints of any pain or weakness in his upper or lower limbs. Neurological assessment was unremarkable, with no asymmetry of the patient's bilateral pupils, which were reactive to light. The patient had no problem achieving the full range of motion of any part of his body.

3. Document how patient education needs were addressed regarding the need for fluid replacement therapy.

Patient education regarding the need to take enough liquids to avoid dehydration, especially when one is sick from gastroenteritis. Rashid was instructed to take small portions of fluids and advised to take ORS or small amounts of water frequently. He was also made aware of the symptoms of dehydration, such as dryness of the mouth, feeling of weakness, or scarcity of urine, and requested to seek help in case of any of these signs. Rashid was as active as any other patient, asking questions and stating the comprehension of the role of fluid balance in the healing process. He agreed to higher oral fluid intake and expressed positive self-assertiveness concerning his post-discharge hydration vulnerabilities.

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4. Referring to your feedback log, document all nursing care provided and Rashid Ahmed's response to this care.

Nursing care involves observing the patient's fluid level, IV fluids, any changes to the saline solution, and the antibiotics' efficacy. The potassium level was monitored frequently, and the intake and output of the fluids were closely monitored to avoid some of the side effects of dehydration. His antibiotic administration was also smooth, without any visible indications of an allergic reaction. Rashid was advised to take small quantities of food, which he said he could easily handle, and was counselled and instructed on how to go about the issue of keeping hydrated. He offered affirmative responses to all the interventions that were delivered and thanked the healthcare team for their care and attention. Another factor was that Rashid was a compliant patient and an active participant in his recuperation, adhering strictly to the advice of the caregivers.

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Guided Reflection Questions

Opening Questions

How did you feel throughout the simulation experience?

During the simulation, I felt rather assertive and tested with my hands. This was a good experiential learning activity applying clinical judgment skills for assessing and managing a patient with gastroenteritis, hypokalemia, and dehydration. The level of care focused on administering the appropriate number of fluids and the right electrolytes while carefully observing the patient's condition was challenging.

What do you think went well?

No problem was encountered while administering IV fluids or potassium replacement. As for the strength, I also believe that I could have done a proper job of teaching Rashid Ahmed about the importance of taking more fluids and identifying the symptoms of dehydration. Moreover, the assessment included a head-to-toe assessment, and I was able to manage his condition and observe improvements in his symptoms appropriately.

Reflecting on Rashid Ahmed's case, were there any actions you performed differently when repeating the scenario or that you would do differently if you were to repeat it? If so, how did/would your patient care change, and what differences, if any, did you or would you expect in Rashid Ahmed's outcomes?

If I were to perform the same scenario, I would focus on checking the patient's orthostatic blood pressure earlier in the assessment. This would give more information about his state of hydration and how much hypovolemia could still exist. Had I been more aggressive with this quantitative assessment, I could have noticed other symptoms of dehydration earlier and possibly hastened its replenishment to avoid complications.

Scenario Analysis Questions*

EBP/PCC Describe the components of Rashid Ahmed's general survey.

This general assessment entails checking on Rashid's state of awareness, his physical condition, and his demeanor. He was well-oriented to the person, place, time, and event. Ambulation was steady, no slurred speech and no signs of rigidity or tremors were observed. The patient's observations did not depict any sign of acute distress. The skin was warm and dry; there was good skin turgor, suggesting some improvement from dehydration.

EBP/PCC Describe the components of an abbreviated head-to-toe physical assessment for Rashid Ahmed.

A brief assessment involves examining the client's head to toe, checking heart rate, blood pressure, respiratory rate and temperature, skin for moisture, turgor and lesions, and lung sounds for equality and efficacy of breath sounds. I then palpated his abdomen for any sign of tenderness and auscultated his abdomen for bowel sounds that were within normal limits. Proximal and distal strength, tone, and edema were assessed in the patient's limbs, and pupils were equally and light responsive.

EBP/PCC What assessment for Rashid Ahmed would you perform to evaluate his state of fluid balance, and what would the findings indicate?

Regarding the assessment of the fluid balance, I would check skin turgor, mucous membranes, capillary refill time, and orthostatic blood pressure in Rashid. Frequency, urinary output, and specific gravity of urine should also be considered. The patient should have moist mucous membranes, skin that springs back to its original position when pinched, normal capillary refill, no orthostatic blood pressure and temperature changes, and adequate urine output. These would suggest that Rashid's hydration status is improving the rate of weight loss per hour, and the torso girth is also informing that Rashid's hydration status is improving.

Concluding Questions

Describe how you would apply the knowledge and skills that you acquired in Rashid Ahmed's case to an actual patient care situation.

Regarding specific diseases, I would apply my knowledge to assess fluid balance, manage electrolytes, and educate patients in any instance where a patient presents with dehydration, electrolyte abnormalities, or gastrointestinal problems. To effectively manage such patients, it is important to be able to identify symptoms at an early stage and intervene appropriately. During the debriefing process, I would effectively employ the communication skills used in the simulation to educate the patient on how to balance the proper intake of fluids while monitoring signs of dehydration.

What opportunities for improvement should you address?

Based on time management, perhaps I should have prioritized some components in the scenario earlier, including orthostatic vitals and more frequent monitoring of potassium levels. Moreover, I might improve my patient teaching strategy by providing more graphic illustrations or handouts for Rashid to remind him about the necessity of fluid balance and potassium levels at home.