

Simulated Clinical Experience (SCE™) Overview**Location: Surgical Ward****History/Information:**

This patient is a 60-year-old male who was admitted to the hospital with fever and weight loss of 10kg in the past month. He also has night sweats and fatigue. His admitting diagnosis is renal cell cancer of the left kidney. Preoperatively, the patient received ferrous sulfate, Erythropoietin alfa, and vitamin C. The patient is on Bendrofluazide 2.5mg once daily for hypertension. The patient smokes one pack of 20 cigarettes per day since the age of 24 and admits to two cups of caffeinated coffee per day. His BP on admission was 136/84 and his preoperative blood results revealed Hb 14, Hct 40%, slightly elevated urea and electrolytes. The patient is a Jehovah's Witness.

The patient was transferred back to the Surgical Ward following a left nephrectomy. His surgery was uneventful. His vital signs have been stable for the past four hours. He has been dozing but responds to verbal stimulation. He was given pain relief one hour ago.

Healthcare Provider's Orders:

Admitting Diagnosis: renal cell carcinoma, status post left nephrectomy
Transfer to Surgical Ward
Condition Serious
Vital signs per ward routine
Complete bedrest
IV 0.9% Normal Saline at 150mL/hour
NBM
Nasogastric tube on free drainage
Urinary catheter
Notify healthcare provider if urine output less than 50mL/hour
Cough and deep breathe, peak flow every 1-2 hours
Oxygen at 50% via face mask
Continuous cardiac and pulse oximetry monitoring
Notify healthcare provider if SpO₂ less than 90%
Continuous anti-embolic stockings
Cefotaxime 2g IV every six hours for 72 hours
Sucralfate 1g PO/NG every six hours
Erythropoietin alfa 40,000units in pre-filled syringe STAT
Ferrous sulfate 200mg PO three times daily
Vitamin C 500mg PO every day
Folic Acid 5mg PO every day
Morphine sulfate 1mg IV every hour prn pain
Chest x-ray, FBC, Urea and Electrolytes, Creatinine, Glucose, ABGs STAT

Learning Objectives

1. Identifies the signs and symptoms of acute haemorrhaging (KNOWLEDGE).
2. Interprets and responds to trends in vital signs and lab values in the patient with acute haemorrhaging (ANALYSIS).
3. Supports the rights of Jehovah Witness patients in refusing blood transfusions based on their religious beliefs (AFFECTIVE).
4. Devises a plan of care for the postoperative haemorrhaging nephrectomy patient (SYNTHESIS).

Questions to Prepare for the Simulated Clinical Experience

1. Identify and discuss alternatives to blood transfusion when the patient refuses blood products.
2. What is the purpose of a bulb-type surgical drain? How does it work?
3. Discuss the expected drainage amount and characteristics in a surgical drain immediately postoperatively.
4. What are the haemodynamic changes associated with haemorrhage?
5. What is the nurse's role in preparing a patient to return to theatre in an emergency?
6. How would the nurse address a patient's anxiety in an emergency situation? What are the nurse's responsibilities to the family?
7. Describe the initial postoperative management of the nephrectomy patient and discuss collaborative management designed to prevent complications.

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