

## Medical Case 1: Kenneth Bronson

### Guided Reflection Questions

1. How did the scenario make you feel?
  - a. This scenario overwhelmed me because of the allergic reaction. Kenneth at the beginning of the scenario when I asked said that he had no allergies, so I was not worried when I administered his medications. One I stopped the medication and received the new medication orders from the provider for the allergic reaction I felt more in control. This made me start to think about how I would react in a real situation dealing with an allergic reaction.
2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?
  - a. When he explained, "My throat is closing up!" and was grabbing his neck. He told me that he could not breath and he did not feel good. The antibiotic was just administered so I knew that was what called the allergic reaction.
3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.
  - a. Mild: rash, itching, hives, scratchy throat, watery eyes (not emergent)
  - b. Moderate: swelling of lips/face/eyes, hives/welts, tingling mouth, abdominal pain, vomiting
  - c. Severe: abdominal cramping/pain, pain/tightness in chest, diarrhea, difficulty swallowing, dizziness, fear/anxiety, flushing of the face. This is an emergency.
4. Discuss the importance of follow-up assessments post-reaction.
  - a. It is important to follow-up with your assessments because you need to ensure the medication you gave to reverse the reaction. You need to assess the ABCs to make sure your pt is perfusing.
5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?
  - a. Kenneth Bronson would have to have the allergic reaction discussed with him and make sure that he knows the antibiotic he is allergic to and what to do about it in the future.
6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.
  - a. I would try to remain as calm as possible and do what I have to keep the pt safe and alive. Once I had stabilized the pt I would speak to the family to explain what happen, what I did, and how to move forward from this point. I would allow them to ask questions and voice any concerns. I would make sure to be available for the pt and their family.
7. After completing the simulation and reflecting on your experience, what would you do differently (or the same) for the patient experiencing acute respiratory distress?
  - a. I would understand the signs and symptoms of an allergic reaction, stop the offending agent, and make sure to assess the ABCs! I would stay calm, lift the head

- of bed up, and apply oxygen. I think I did well in the scenario and I would behave the same way in a real life situation.
8. How could you prepare for clinical in order to plan ahead for potential patient emergencies?
    - a. When I first enter a room, I will make sure that I ask for allergies! Prevention is the best treatment. I would make sure that I kept my cool and knew my agency policy in order to treat my pt appropriately. I need to always be prepared and think critically to keep my pt's safe and their families informed!