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Kenneth Bronson

- 1. How did the scenario make you feel?

  This scenario made me feel kind of panicked, but I knew what I was supposed to do and that eased my nerves. Especially since scenarios like this can happen at any moment when giving patients medications

- 2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?

  The signs and symptoms that showed me the patient was having an allergic reaction was the patient stating that they couldn't breathe and his heart rate going up and his O2 going down.

- 3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.

  The difference between mild moderate and severe anaphylactic reactions are the severity of the symptoms mild reaction can be itchiness, hives and GI discomfort. Severe shock can cause respiratory depression, swelling of the mouth and hives, many different reactions through out the body.

- 4. Discuss the importance of follow-up assessments post-reaction.

  It's important to monitor the patient because a late reaction can still happen and we have to be prepared and understand the symptoms for it so we can spot it and treat it.

- 5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?

  The worry for me was his high heart rate, I feel like after we treated the anaphylactic shock was treated, decreasing his heart rate should be the next issue we need to correct.

- 6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.

  I would remain calm through the entire situation, and calmly explain to the patient and family that they had an allergic reaction and I need to turn off the medication and call the doctor to see what he wants to do.

- 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?

  Turning up the oxygenation level to the correct setting to relieve the symptoms as soon as possible for the patients and knowing the policies of the hospital.

- 8. How could you prepare for clinical in order to plan ahead for potential patient emergencies?

  Know the policies of patient emergencies in the hospital so I know how to deal with the situation properly and know all the signs of symptoms of anaphylactic shock

- How did the scenario make you feel?

  I have to remember that the patient is not a list of task to be done that I need to treat the patient and not just follow a list of orders.

- 2. When reflecting on the care of Stan Checketts, what are signs and symptoms you can assess in the next patient you care for who might be at risk for dehydration?

  Dizziness, change of LOC and poor skin turgor.

- 3. Discuss signs and symptoms of hypovolemic shock.

  The signs and symptoms of hypovolemic shock are having little to no urination, feeling tired and weak, low blood pressure and a rapid heartbeat.

- 4. Discuss assessment and expected findings in a small bowel obstruction.

  The vomiting and nausea is due to the obstruction not letting anything go through and the body trying to prevent any irritation at the sight. This would also cause his electrolytes to be disrupted due the vomiting.

- 5. What key questions does the nurse ask in an acute abdominal pain assessment?

  Where does it hurt, what kind of feeling is the pain, does anything make it better or worse, when did the pain start, these are all questions the nurse should ask.

- 6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

  His electrolytes were low and I noticed that his WBC levels were also low along with his H&H.

- 7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?

  An X-ray to ensure the correct placement of the tube.

- 8. What key elements would you include in the handoff report for this patient? Consider the SBAR

  I would include why the patient was there and the patient is currently npo and severly dehydrated, I would include the x-ray came back as a possible small bowel obstruction and that we're still following orders, and the doctor is on the way to see the patient.

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

  I forgot to place his NG tube on the second try and I think its because I Got up with the list of orders instead of treating the patient and forgot to place the NG tube.