

## Medical Case 1: Kenneth Bronson

### Guided Reflection Questions

1. How did the scenario make you feel?  
The scenario was okay for the most part but when the patient started crashing I panicked for a second because I didn't really grasp what was happening at first. Once I figured out what was going on and how to treat it I felt better about the scenario again.
2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?  
His sudden change in respiratory status. I didn't get it right away but when his airway started closing I realized that it was an allergic reaction.
3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.  
Mild allergy symptoms are generally local, such as localized rash, itching, or congestion. Moderate symptoms can spread to other parts of the body such as widespread itching or difficulty breathing. Severe symptoms can include itching of the eyes or face, swelling of the mouth, throat, or tongue, hives, nausea and vomiting, abdominal pain or cramping, and mental confusion or dizziness.
4. Discuss the importance of follow-up assessments post-reaction.  
Follow-up assessments are important post-reaction because once the medications wear off there may be another delayed reaction which could cause more distress for the patient.
5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?  
He needs to be aware of his allergy and be able to communicate it to healthcare professionals in the future. Everybody needs to be aware so that a similar incident doesn't happen the next time he needs antibiotics.
6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.  
I would calmly let the family know what was happening regarding the allergic reaction and explain the steps we were taking to treat it. Explain the need for oxygen therapy, positioning to reduce work of breathing, and each of the medications we were giving.
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?  
Since I wasn't sure what was happening with the patient, I jumped straight to intubation because his airway was closing. In the future I would be sure to communicate with the provider and administer the medications to try and reduce the need for intubation like we were able to do for this patient.
8. How could you prepare for clinical in order to plan ahead for potential patient emergencies?  
I think being aware of what you are doing for your patients and how it can affect them is the key for planning for potential emergencies. I was not thinking about the medication

giving him a reaction, which is really obvious in hindsight. Also making sure that all of the possible emergency equipment is in the room such as a bag valve mask and being aware of the emergency button to call for help.