Medical Case 1: Kenneth Bronson

Guided Reflection Questions

1. How did the scenario make you feel?
Overall, the scenario made me feel helpless and overwhelmed. The patient continuously coughed no matter what intervention I chose to proceed with. After concluding this was a normal issue one with pneumonia suffers with I still struggled proceeding with the orders I was to carry out. The anaphylactic reaction overwhelmed me while performing this scenario due to the vast amount of meds that were ordered to be given at one time.

`2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?
The signs and symptoms that led me to conclude Mr. Bronson was experiencing an allergic reaction were his complaints of difficulty breathing as well as his tachycardia that showed on the monitor. Not only did he verbally complain of difficulty breathing but stated a complaint of a swollen throat as well.

3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.
The differences between mild, moderate, and severe anaphylactic reactions are the symptoms presented at the time of the initial reaction as well as the interventions it takes to cure the reaction that is occurring. Mild anaphylactic reactions present with symptoms such as watery eyes, localized itching (rash), or runny nose. Moderate anaphylaxis symptoms would include abdominal pain, vomiting, swelling of the lips, face, and eyes, hives or welts. Following these symptoms a severe anaphylactic reaction would present with wheezing, tachycardia, clammy skin, confusion, anxiety, and losing consciousness.

4. Discuss the importance of follow-up assessments post-reaction.
The importance of following up assessments post-reaction is due to the potential of the interventions not being effective. Without reassessment there is no way to determine the effectiveness of treatment.

5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?
The further needs that Kenneth Bronson has at the end of the scenario that future nurses who are providing care should assess would be his allergy to cephalosporins as well as his cessation to smoke. He stated in the scenario he smokes, thus this needs to be addressed in further care.

6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.
If the patient's family was at the bedside during an emergency situation I would calmly educate them as well as try to complete the tasks that needed to be done in a timely manner. In the

process of education I would not only make it a point to educate the patient on the interventions taken but the family as well. For example, I would explain what I was pushing through the IV and why. As a family member of one who has been in the hospital it is comforting when nurses are calm as well as educational with family, allowing them to interact in their loved one's care.

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?**

After completing the simulation and reflecting on my experience I wouldn't do anything differently other than not becoming overwhelmed with anaphylaxis occurring. Going forward would still implement the same interventions I had in this simulation.

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

I could prepare for clinical in order to plan ahead for a potential patient's with emergencies by remaining calm and following the provided orders.

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?

Overall, I was confident in this scenario. I felt as if I was able to efficiently carry out the orders provided without having to intervene with other measures a lot.

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?**

Some signs and symptoms I can assess in the next patient I care for who is at risk for dehydration
are skin turgor, mucous membranes, measure intake and output, as well as electrolyte levels that
would be helpful in determining the patient's hydration status.

3. **Discuss signs and symptoms of hypovolemic shock.**

Signs and symptoms of hypovolemic shock would include anxiety, agitation, cool, clammy skin, confusion, oliguria, rapid breathing, sweating, abdominal pain, nausea, vomiting, fatigue. Other signs may include black tarry stool, blood in the urine, chest pain, and blood in the stool or urine.

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

Expected findings that will often be present with someone who has a small bowel obstruction

will be abdominal pain, abdominal distention, and vomiting. At times one can have difficult passing gas, thus the NG tube is beneficial for this.

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

Where is the pain located?
Are you able to pass gas?
How long has this been going on?
Can you rate your pain?
Is there anything that improves the pain or makes it worse?

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

The abnormalities I found with Stan's labs were:

- Sodium- 150
- Chloride- 108
- BUN- 42
- Creatinine- 1.9
- Hemoglobin- 20
- Hematocrit- 60
- WBC- 17

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

The preferred methods for confirming placement of an NG tube are to gently flush the tube with
air and pull back stomach contents. You can also place your stethoscope on the patient and auscultate.

8. **What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.**

Key elements I would include in handoff report would be patient allergies, interventions I had done in order to help the patient, discuss abnormal labs, as well as NG tube placement.

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

If I were to go about this scenario in a different manner I would administer my antiemetic sooner. The patient stated they felt nauseated and I proceeded to obtain vital signs instead of addressing priority. Going forth, I may also administer the pain medication sooner.