Jesus Carrasco
IM7
10/25/21

Medical Case 1: Kenneth Bronson

Guided Reflection Questions

1. How did the scenario make you feel?
   I felt that I completed all of the tasks in a orderly and timely manner. Usually the patient's in these scenarios change on their own as the time passes. In this VSIM, it was the nurse who initiated the anaphylactic reaction. I took more time fumbling through the tabs than I wanted, to find the correct interventions, even though I knew what I wanted to do. I like the simulations, but I feel that I make more mistakes due to the distractions of searching through the tabs.

2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?
   I was expecting the patient's status to change sooner as they normally do. When I had gone through the majority of the assessments and the status didn't change I figured I was done. I flipped back to the orders and realized the Ceftriaxone had not been administered. Once I administered the medication the patient began to have difficulty breathing, increased heart rate and saturation levels began to drop. Even though the patient reported that he did not have any allergies prior, it is known now. So I stopped the infusion right away and continue to follow the orders.

3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.
   Mild: Symptoms consist of runny nose, skin rash or a "strange feeling"
   Moderate: Symptoms could happen simultaneously such as, swelling of lips, eyes, face. Patient may present with hives, tingling in mouth, abdominal pain or vomiting.
   Severe: This type of reaction involves the patient's ability to breath and circulation. These symptoms present themselves very rapidly. This type of reaction is the most severe and life threatening.

4. Discuss the importance of follow-up assessments post-reaction.
   Patient's should be monitored closely for at least 4 hours following the interventions to treat the anaphylactic reaction especially post dose of the epinephrine. As the drugs side effects wear off, there is a chance of potential relapse.

5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?
   The patients medical record could be updated with the known drug allergy. The patient may also need information on smoking cessation as prevention for further lung damage. The patient may be given information about always carrying an epi pen with him.

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6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.
   If the family was at the bedside and I was alone, I would have asked them to please step aside as I further evaluate what caused his decline in status. Even though the patient stated he that he did not have allergies, I would once again ask the family if they were aware of any allergies. I would utilize their assistance in keeping the patient calm and help control their breathing. If help was available, I would have appointed someone or escorted the family aside and informed them on everything the nurse was doing to stabilize the patient. I would answer all questions the family had and provide reassurance that all was doing done in order to help the patient.

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?
   I would pay more close attention to the orders for medication and how they are displayed in the chart. I administered the Acetaminophen thinking it was a task but was unfamiliar on how to tell if it was done already. As for the patient's respiratory distress, I would've increased the supplemental O2 to a higher rate. At the time I administered the O2, the patient's saturations were still >90, so I left the setting a 6ml/min. Then my orders came in from the physician so I felt they were most important to administer at the time. I believe I would have increased the flow rate once the tasks were done but the scenario timed out.

8. How could you prepare for clinical in order to plan ahead for potential patient emergencies?
   Always ask for help when needed especially during an emergency situation. In my case, help was not available so I had to rely on by assessments and the baselines I was aware of. As the patient's status began to change, I had to recall the tasks that had been done. In preparation for clinical, I would be sure to document all vital signs and important information gathered during report. Frequent assessments help to see changes within the patient which could alert the nurse and prevention of the situation from turning emergent.