

## Medical Case 1: Kenneth Bronson

### Guided Reflection Questions

1. How did the scenario make you feel?  
I felt confident in my patient care. I did get nervous and felt a little like I did not know what to do when the allergic reaction started to happen, but I took a deep breathe and went with what my gut told me to do.
2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?  
I assessed the patient's airway and lung sounds and found it sounded like it was obstructed. The patient also complained of something being wrong with his throat. O2 sats also started to drop and these events occurred after ceftriaxone administration
3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.  
Mild: Localized rash, hives, itchiness, watery eyes, cough, and runny nose can occur in mild reactions.  
Moderate: Spread to other parts of the body and symptoms include widespread itching, swelling of lips, face, and eyes, tingling in mouth, abdominal pain or even vomiting.  
Severe: Symptoms can include difficulty and/or noisy breathing, swelling or tightness of upper airways, wheezing, decreased LOC.
4. Discuss the importance of follow-up assessments post-reaction.  
It's important to do follow-up assessments to ensure treatment for anaphylaxis is effective and the reaction is not delayed, worsening, or causing other problems.
5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?  
He now has a medication allergy that future nursing care will have to address. He will also need new orders for his pneumonia treatment.
6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.  
I would calmly explain that my assessment findings indicate a possible anaphylactic reaction to his medication. I would then also kindly ask them to wait in the waiting room while we stabilize Mr. Bronson. After he is stabilized, I will explain to them the treatment given (O2, epinephrine etc.) and that this is an adverse effect that can happen with any medication. I will reassure that they know we will continue to monitor him for further reactions and the healthcare team is aware of his new allergy.

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 do everything I did. In addition, I will also be sure to ask if the patient has received this medication before or if it was a new one. I would also monitor the patient after giving the medication and do ongoing assessments of the lungs and ask the patient how he feels.
8. How could you prepare for clinical in order to plan ahead for potential patient emergencies?  
I could prepare by learning hospital policy for the most severe and most common emergencies. I could also make sure I have a clear understanding of symptoms, assessment findings, and treatment for the most severe and most common emergencies. I could also mentally prepare myself and know how I react and manage emergencies.