

Medical Case 1: Kenneth Bronson

Guided Reflection Questions

1. How did the scenario make you feel?

When the scenario started I felt pretty confident. I assumed that the case would run smoothly and not take me very long to complete. However, I failed the first time I did the scenario, because I forgot basic skills. Moreover, I learned for the scenario and feel better about encountering a situation similar to this in real life.

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

When the patient began to have difficulty breathing and tachycardia right after I started the infusion of ceftriaxone, I immediately thought they were having an allergic reaction.

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

Mild is characterized by a rash, localized itching, and congestion. Moderate anaphylaxis is characterized by widespread itching and difficulty breathing. Severe anaphylaxis is characterized by itching of eyes or face, hives, abdominal pain, swelling of the mouth throat and tongue making it difficult to breath.

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

It is important to continue monitoring the patient closely after a reaction because it is likely you will have to give another dose of epinephrine due to the fact that a reaction may occur again.

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

At the end of the scenario the patient has hypertension, tachycardia, and is still having difficulty breathing. These are all conditions that will need to be addressed.

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

I would explain what was happening, and that I was giving medications to make breathing easier for the patient. I would explain each medication to both the patient and family as I was treating 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 wouldn't change any of my actions when I did the scenario for the second time, but during the first scenario I forgot that I was not a Dr. and gave epinephrine before calling the Dr. In a real situation I would not give a medication without an order.

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

The best way to prepare for scenarios like this is to know your standing orders and that you can always call your charge nurse or the physician.