

Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

- The scenario got me off guard because I was not expecting an allergic reaction since the patient stated there were no known allergies. But it was good to get that practice in on what I would do in that situation.

Scenario Analysis Questions*

PCC, EBP What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?

- I knew Kenneth was having an allergic reaction when he stated that he was having a difficult time breathing. Also, high blood pressure, elevated heart rate, chest tightness, high respiratory rate, and skin reaction.

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

- Mild/moderate reactions include swelling of the lips, hives, tingling mouth, abdominal pain. While severe has health consequences including difficult breathing, tightness of the throat, difficult talking, wheezing, persistent dizziness, and pale.

EBP/S Discuss the importance of follow-up assessments post-reaction.

- It is important to see if the interventions to fix the reaction are working for the patient. If not, then it is important to see what other interventions to do for the patient to avoid harmful effects.

Concluding Questions

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

- Further teaching and communicating to Kenneth on being aware of being allergic to this specific antibiotic. Also, telling Kenneth to let medical personal know that he is allergic to this specific medication that way this medication mistake will not happen again.

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

- Possibly staying calm with them and educating on what is going on with the patient. Also, I would communicate everything that is happening and how to prevent it for the future.

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 have immediately stopped the medication infusion. Also, educate the patient on the signs and symptoms of acute respiratory distress and how to avoid it next time.

How could you prepare for clinical to anticipate potential patient emergencies?

- Being aware of the signs and symptoms that can lead to anaphylaxis. Also, knowing what to do in that situation. Lastly, educating patients on what to look out for.

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

- This scenario overall was a great learning experience and I was excited for it

Scenario Analysis Questions*

PCC/EBP/S 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?

- Dry mouth, sunken eyes, sunken cheeks, irritability, dry skin, dark urine, fatigue, and dizziness

EBP/QI Discuss signs and symptoms of hypovolemic shock.

- Cool clammy skin, confusion, generalized weakness, anxiety, decreased or no urine output, sweating, rapid breathing

PCC/EBP Discuss assessment and expected findings in a small bowel obstruction.

- Abdominal pain, abdominal distention, vomiting, nausea, and vomiting.

PCC/S/I/EBP What key questions does the nurse ask in an acute abdominal pain assessment?

- If there is any pain, where it is located at, bowel and urinary habits, history of the event, eating habits, and pain level.

PCC/EBP/S In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?

- Abnormal HB, HCT, WBC, chloride

PCC/EBP/S Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?

- X-ray placement confirmation

T&C/EBP/S/PCC What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

- Elements would include that 52 year old male named Stan Checketts came in today with severe abdomen pain including nausea and vomiting. He had signs of dehydration including dry mucous membranes and was weak. Labs were drawn to conclude these findings and an XRAY was done as well. An NG tube was inserted as well. Fluids and medication were given. Continued monitoring is needed.

Concluding Questions

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

- I should have reassess the patients nausea for the 2nd time towards the end.