

Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

I was extremely nervous at first. I acted quickly when the patient experienced an anaphylactic reaction to the ceftriaxone. From my learning experience, this was the first time the patient was receiving the antibiotic. I want to act with caution because he did not have any medications, he was allergic too.

Scenario Analysis Questions*

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

The signs and symptoms that lead to the conclusion the patient was having a reaction was his difficulty to breath, chest tightness, and him stating, "help me."

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

The difference between mild, moderate, and severe anaphylactic reaction is that a mild reaction includes itchiness, runny nose, and mild swelling. This can lead to more serious issues. Moderate includes more swelling. This can be the face, lips, eyes, throat, and tingling mouth. The two listed above may not always occur instantly with hives or swelling but may develop worse in a few minutes or hours. Severe anaphylactic reaction includes shortness of breath, pale or bluish skin, tightening of the airway, hives, feeling something bad is going to happen, and/or vomiting. This reaction should have a intervention preformed immediately.

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

The importance of follow-up assessments is to see if the patient is getting better and not going back into a reaction state. This is a good time to teach the patient on what happened and what will change throughout his care now and in the future. This is to teach the patient about the allergic reaction to ceftriaxone and that it will be provided in his EMAR. He will also get education on the signs and symptoms of a reaction and what to perform during a crisis.

Concluding Questions

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

What else needs to be addressed is if the patient has taken this medication before. If those key elements were provided, we could have prevented an allergic reaction. Where they going to prescribe another antibiotic to the patient and document the reaction in the EMAR.

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

As soon as I recognized the reaction, I would tell the family members what was going on. I would ask them to set out if necessary. I would call for help and have the other nurse to gather my medications and teach throughout each step to provide comfort to the patient. I would do the same if the family was in the room.

**After completing the simulation and reflecting on your experience, what would you do differently (or the same) for the patient experiencing acute respiratory distress?
How could you prepare for clinical to anticipate potential patient emergencies?**

I would do everything the exact same, but I should assess the patient IV; always. I will be prepared the same even if the patient states they are not allergic. Being in the room and providing the teaching about medications and watching for a reaction is beneficial. You never want to assume if they state they have no allergies and if they have already taken this medication before. Once you step out of the room the patient may be in a horrible crisis without family in the room and it could result into a terrible outcome.

Grade: 97%