

Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

It puts into perspective of how quickly patients can change status. I felt good doing the initial assessment and giving the prescribed antibiotics, but as soon as he started showing signs of anaphylaxis it was go time and I had to act quick.

Scenario Analysis Questions*

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

His respirations almost doubled and started having worsening dyspnea. He complained of feeling like his throat was closing. He had tachycardia.

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

Mild: localized or generalized rash, hives, itching, and rhinitis

Moderate: Swelling of lips/face, hives, tingling of mouth, nausea, vomiting, and abdominal pain

Severe: Dyspnea, wheezing, significant swelling of face/lips/airways, tachycardia, hypotension, tachypnea

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

The patient can have a reoccurrence of delayed anaphylaxis so it is crucial to assess patient frequently, identify decompensation, and intervene appropriately and timely.

Concluding Questions

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

The health care team needs to document his newly discovered allergy in the chart and should be communicated to other health care providers taking care of him.

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

I would explain in a very calm and reassuring way the situation at hand. As the nurses and physicians were intervening, I could educate them on what medications were doing, but that he was in good hands and we were going to do everything we could for him.

After completing the simulation and reflecting on your experience, what would you do differently (or the same) for the patient experiencing acute respiratory distress?

Well I did not see until the very end that there was a call for help button. Obviously if someone was deteriorating I would be getting all hands on deck to speed up the process of patient stabilization. Working in the ER, when someone says they have chest pain, I automatically go to the 12 lead EKG. I was supposed to place a 3 lead EKG instead.

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

I can prepare by educating myself on the most common emergencies signs and symptoms, what actions to take, and what medications will help. Knowing antidotes for certain

medications can help prepare me as well. I also really believe in self meditation to clear my thoughts before starting a shift and getting into the right mindset and attitude.

* The Scenario Analysis Questions are correlated to the Quality and Safety Education for Nurses (QSEN) competencies: Patient-Centered Care (PCC), Teamwork and Collaboration (T&C), Evidence-Based Practice (EBP), Quality Improvement (QI), Safety (S), and Informatics (I). Find more information at: <http://qsen.org/>