

Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

Even though this simulation is virtual, it made me nervous to be acting alone without a nurse to guide me. The controls aren't very familiar, so I know I did certain steps out of order, like hand hygiene and identification. As the scenario went on, I felt more confident and by the end I was happy with my work in this scenario overall. It was a little stressful to see the patient in distress but recognising the signs of anaphylaxis and knowing when to call the provider made me feel a little more in control. Overall it was a good experience.

Scenario Analysis Questions*

PCC, EBP What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction? Immediately when the patient said his throat feels tight and he felt like he couldn't breathe, my first reaction was "oh no he must be allergic." I stopped the infusion and called the provider.

PCC, EBP Discuss the differences between mild, moderate, and severe anaphylactic reactions. Anaphylactic reactions can range in severity from itchy and irritated to lethal. It is important to watch a reaction closely as any reaction could rapidly escalate, becoming more emergent than previously assumed. In mild cases, itchiness may present and can be treated with diphenhydramine, nasal congestion and watery eyes may show up as well. In moderate reactions, the symptoms become more severe, including edema and wheezing. This is uncomfortable and scary for the patient so calm but quick intervention is a must. When severe anaphylaxis occurs, this is the most urgent because it is acutely life threatening. It is necessary to treat quickly as cardiopulmonary arrest is an impending threat.

EBP/S Discuss the importance of follow-up assessments post-reaction. It is important to follow up and make sure that your interventions were effective, otherwise you might have only slowed a reaction instead of treated it.

Concluding Questions

What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address? Mr. Bronson should be educated about what caused this reaction and how to avoid it in the future, of course as the nurse I would update his medical records to include this allergy, but I would make sure to educate him that he needs to be prepared to tell future health care providers what his allergies are and how he reacts to them. I would also educate him on what other drugs could cause a similar reaction and have him teach back to ensure understanding.

Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside. Ideal communication includes knowing who you are talking to. Taking into consideration a family members culture, knowledge level, and level of comfort

in the situation would help tremendously. Watching a family member have a reaction can be a scary situation. It would be reasonable to expect anxiety from Mr. Bronson's family if they had been there. It is necessary to explain why this is happening and what we are doing to fix it. Nursing out loud may help a family member get some peace as they can see you are in control of the situation and are competent to make the right interventions. Alternatively, there may be times when the anxiety overwhelms a family member, at which point it is imperative to realize when it is time to have them step out of 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? I feel that I would act mostly the same way in real life as I did in this simulation. Follow the doctor's orders, continue to assess and monitor, and don't leave the patient.

How could you prepare for clinical to anticipate potential patient emergencies? As nurses, preparing for the worst but hoping for the best is a part of our daily lives. The best way to be prepared is to know where your supplies and medications are. Have emergency equipment at the bed side, remain calm, know what signs and symptoms are red flags and ideally make sure the patients room is clutter free to ease the flow if things get fast paced.

Guided Reflection Questions for Surgical Case 2: Stan Checketts

Opening Questions

How did the scenario make you feel?

I felt a little more comfortable in this scenario. I was confident in which steps to take and I liked the order I performed in. Even though the patient is virtual, it makes me sad to see them in pain. I wanted to do as much as possible to make the patient comfortable.

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? Blood pressure, heart rate, urine output, lab values, skin turgor, mucous membranes, and self reporting of thirst or history of vomiting or diarrhea by the patient.

EBP/QI Discuss signs and symptoms of hypovolemic shock. A patient experiencing hypovolemic shock would have symptoms like decreased urine output, tachypnea, hypotension, and anxiety or agitation.

PCC/EBP Discuss assessment and expected findings in a small bowel obstruction. Cramping abdominal pain and distension, nausea and vomiting, and inability to pass gas.

PCC/S/I/EBP What key questions does the nurse ask in an acute abdominal pain assessment? It is important to ask when the pain began, location and intensity, worsening or alleviating factors, duration, and frequency.

- PCC/EBP/S** In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find? [Sodium, chloride, BUN, and creatinine, H&H, and WBC were high.](#)
- 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? [Abdominal X-Ray](#)
- 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. [52-year-old male presenting with abdominal pain, distention, nausea and dizziness over the past few days. BP has been low and hasn't urinated on my shift, recommend to maintain fluids.](#)

Concluding Questions

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

[Ondansetron was ordered, but I didn't give it because it was PRN and the patient didn't want it when I offered it, however the feedback took points off because I didn't give it. Maybe if I offered it earlier on he would have taken it.](#)

* *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/>*