

Kenneth Bronson Scenario

1. How did the scenario make you feel?
  - a. The scenario made me feel a little nervous once the patient started experiencing anaphylactic shock because I didn't have a good idea of where all my resources were. Typically in a real-life scenario there would be standing orders in place, but in the online scenario it was hard to know what was the "correct" choice.
2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?
  - a. The patient suddenly stated that he was having difficulty breathing as soon as the ceftriaxone started infusing. He stated feeling unwell, and itchy. He also became tachycardic and had increased respiratory effort.
3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.
  - a. Mild and moderate allergic reactions are usually not extremely concerning, but can consist of rashes, inflammation, etc. A severe anaphylactic reaction, however, is life threatening because the airway starts to swell. With anaphylaxis the patient can show symptoms such as difficulty breathing, N/V, tachycardia, hypotension, dizziness, etc.
4. Discuss the importance of follow-up assessments post-reaction.
  - a. It's important to assess that the patient's airway is still patent and that they are still stable.
5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?
  - a. At the end of the scenario the patient still had a fever and was sitting at an oxygen saturation of 94%, which is okay, but not ideal. Both of these should be addressed.
6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.
  - a. I would make sure to educate the family after the fact and teach them about ceftriaxone/subsequent medications that the patient should NOT receive because of the risk for anaphylaxis.
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?
  - a. In real life, I would also choose to sit the patient up and continually monitor oxygen saturations on a patient who was experiencing acute respiratory

distress. I would also teach the patient about using an incentive spirometer to help open up his lungs.

8. How could you prepare for clinical to anticipate potential patient emergencies?
  - a. Having knowledge of the patient's allergies, knowing where equipment/medications are, knowing what certain protocols are. Having a plan for the worst case scenario so that I will be mentally prepared.

### Stan Checketts Scenario

1. How did the scenario make you feel?
  - a. I felt a little more comfortable in this scenario because I had a better understanding of where all of my resources were/what I needed to do.
2. 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?
  - a. Mucous membranes (if they are dry), weak/thready pulse, tachycardia, light-headedness, dizziness, change in LOC, hypotension, nausea, decreased urine output
3. Discuss signs and symptoms of hypovolemic shock.
  - a. Tachycardia, hypotension, pallor, cool/clammy skin, increased respirations, confusion, decreased urine output, diaphoresis
4. Discuss assessment and expected findings in a small bowel obstruction.
  - a. Constipation, bloating, N/V, abdominal pain/cramping, dehydration, loss of appetite
5. What key questions does the nurse ask in an acute abdominal pain assessment?
  - a. Where is the pain located? When did the pain start? What makes it better/worse? How would you describe the pain? How would you rate the pain on a scale of 0-10?
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
  - a. Potassium (low), sodium (low)
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
  - a. X-ray
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
  - a. Stan Checketts is a 52 year old male diagnosed with hypovolemia/dehydration secondary to a small bowel obstruction. He is

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waiting for surgery. He has a right AC IV placed and received 4 mg ondansetron for nausea at 0436, 2 mg morphine for a pain level of 4 at 1546, and a bolus of 500 mL NS was given over 30 minutes at 0500. Patient has been nauseated/tachycardic secondary to dehydration. Most recent set of vitals (HR 120, BP 111/79, RR 28, O2 94% on 2L NC, T 99 F).

9. What would you do differently if you were to repeat this scenario? How would your patient care change?
  - a. If I were to do it again, I'd make sure and perform ECG monitoring rather than a 12-lead ECG. I'd also try and be more efficient with time management, and pay closer attention to lab values.