Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

I pretty much did great on this scenario. I got lost in the user interface of the V-Sim, but I managed. My biggest mistake was assuming that an epinephrine shot in cases of allergies would not need an order. This was today's V-Sim takeaway.

Scenario Analysis Questions*

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

When Kenneth said he couldn't breathe and his throat got tight, I immediately knew it was an allergic reaction. I asked him earlier for his allergies and he said he got none, so I assumed it was going to be okay. I immediately stopped the infusion and gave an epinephrine shot.

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

Mild anaphylaxis would be some itch and runny nose. Moderate would be vomiting or some abdominal discomfort. Severe would be life threatening, like shortness of breath, tight chest (closing of airways), facial swelling, severe diarrhea, and widespread hives.

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

Follow up assessments would help rule out that the allergic reaction is gone.

Concluding Questions

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

That he smokes. Smoking cessation is a long process. Discharge teaching should also tackle the topic on how he can reduce this so the recurrence of pneumonia lessens.

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

It would panic me as well. It will be hard to continuously communicate with the family members when anaphylaxis occurs. They might think that I am incompetent or not doing what I need to be doing when their loved one complains of being unable to breathe. This is something I personally need to work on. I easily get rattled under pressure.

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 call the doctor and have stand-by orders for anaphylaxis. It would be nice to have orders for these situations and not call them/charge nurse for help. It would save up time and could potentially save someone's life.

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

Maintain a crash cart in every floor with anaphylaxis instructions included.

** 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/*

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