

## Guided Reflection Questions for Medical Case 1: Kenneth Bronson

### Opening Questions

How did the scenario make you feel?

This scenario definitely stressed me out for a little bit. I was not expecting the anaphylaxis reaction and went blank for a minute. I enjoy these vSIM activities it just bothers me how slow everything is. During the anaphylaxis I was trying to move fast and get vitals/push meds but you can only push one button at a time so that added to my panic.

### Scenario Analysis Questions\*

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

I believe Mr. Bronson said something along the lines of his chest tightening or stating how hard it was to breathe suddenly.

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

Mild- runny nose, mild skin rash, nausea or an upset stomach. (Hay fever)  
Moderate- Swelling of lips/face, larger rash, tingling mouth and vomiting.  
Severe- SOB, wheezing, flushed face, weak pulse, trouble breathing, significant face/lip swelling, many hives covering the body, severe vomiting, confusion.

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

Follow up assessments are critical due to the potential of a late reaction to occur. It could be from the same object/medication that caused the first anaphylaxis or the body could interact with a new medication that was given to relieve the initial reaction.

### Concluding Questions

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

Smoking! Mr. Bronson stated he is a heavy smoker and he needs to continue to be educated on the effects of tobacco and the lungs. We also need to address his anaphylaxis reaction in more depth and ensure he understands his new found allergy.

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

I would remain calm and explain the situation as best as I could in a few sentences. If the family continued to freak out I would calmly ask them to step out so I could contact the doctor and administer the ordered medications with no distraction. I would reassure that

the patient will be okay to try and ease the worry for the family. After the patient became stable I would allow the family back in and go in depth what happened.

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 realized the importance of having an automatic BP cuff and pulse ox on the patient before administering a medication the patient is new to. It made it so easy to have the vitals right there at all times and not having to stop and check vitals. From now on, I will always do all of my vitals and assessments before starting medications.

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

Just remembering to stay calm is the most important factor in emergencies. When I am calm I can think more clear and act faster. Since I am a student I would make sure to be present and attentive but stay out of the way of nurses and doctors.

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