

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

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### Opening Questions

How did the scenario make you feel?

**At the beginning of the procedure, I felt confident. After the patient experienced an anaphylactic reaction, I felt anxious and nervous and wasn't sure what to do. After calling the doctor and obtaining new orders, and administering these orders, I was still concerned because the patient did not seem to be getting better. After some time the patient's baseline vital signs started to appear again, and his respiratory assessment started to improve as well.**

### Scenario Analysis Questions\*

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

**The patient could not breathe, he felt his throat closing up, he had red patches on his skin, his respirations increased and his O2 dropped, his heart rate also increased, and it sounded like there was an airway obstruction.**

**PCC, EBP** Discuss the differences between mild, moderate, and severe anaphylactic reactions. **Mild anaphylactic reactions are not life threatening, do not need medical assistance, and can usually be treated with over the counter antihistamines such as calamine lotion to reduce itchiness (common mild anaphylaxis symptom). Moderate anaphylaxis symptoms could lead to a death threat if not treated. Moderate anaphylaxis requires medical attention to prevent the symptoms from progressing into a severe reaction. Antihistamines and epinephrine are commonly used to stop the allergic reaction, as well as Oxygen to help with the patient's breathing. Severe anaphylactic reactions can result in death if left untreated and require immediate medical attention. Treatment for severe anaphylactic reactions include CPR, Beta-Blockers, IV antihistamines and cortisone. Mild anaphylaxis usually causes runny nose, eyes, or a rash, while moderate and severe anaphylaxis typically cause breathing and swallowing difficulties. Severe anaphylaxis is also known to drop blood pressure significantly, resulting in shock or cardiac arrest.**

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

**It is important to perform follow-up assessments post-reaction because the reaction could happen again, causing a rebound in symptoms. Rebound symptoms can happen hours or sometimes days after treatment for the reaction was initiated.**

### Concluding Questions

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

**This patient's heart rate was still high (120s), his heart rhythm was sinus tachycardia, and he still complained of pain in his chest. The patient also still had a high fever after acetaminophen was administered, and it was not time for the next dose. Future nursing care should also monitor for rebound symptoms from his anaphylactic reaction.**

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

**If I were communicating with family members during an emergency situation, I would keep a calm voice and explain thoroughly everything we are doing to stop the emergency that is occurring with the patient. I would also take time to debrief with the family after the situation is handled, again, keeping a calm demeanor.**

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

**Something I did differently after a second attempt at this scenario was stopping the infusion faster, and calling the doctor immediately for orders. I also checked the patient's respiratory system often, suctioned when needed, and applied supplement oxygen when the patient's stats would drop below the expected range. I think that I did a good job of monitoring the patient's status and vitals throughout the scenario. Something I would do differently is communicating more with the patient because an anaphylactic reaction can be extremely frightening for them.**

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

**I could study and re-visit the information from past lectures to know how to safely deal with patient emergencies, what I should and shouldn't do, and knowing what my role is when these emergencies occur.**

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*\* 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/>*