

Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

In the beginning, I was not sure what I was going to do first but then once I did my assessment and checked my orders, I felt like I had a good plan. Once I checked the orders I was able to prioritize and carry out my plan.

Scenario Analysis Questions*

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

The patient started experiencing trouble breathing and stated that he felt like he couldn't breathe. I stopped the infusion and assessed him; I saw he had a rash and that his O2 sat decreased.

PCC, EBP Discuss the differences between mild, moderate, and severe anaphylactic reactions.
Mild- Runny nose, itchiness, a rash, nausea and upset stomach are common symptoms for mild anaphylaxis.

Moderate- These side effects are hives, itchiness, dyspnea, some patients also experience swelling.

Severe- SOB, wheezing, dizziness, weakness, hives, vomiting/diarrhea, and trouble speaking or swallowing are symptoms of severe anaphylaxis.

Overall, the symptoms are mostly discomfort in mild anaphylaxis and progress in moderate and can be fatal in severe anaphylaxis if not treated.

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

Reassessing is important because a delayed reaction can occur in some patients. Reassessing is also a good way to monitor the effectiveness of interventions or the need for more.

Concluding Questions

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

The allergic reaction should be documented in the patient's chart to prevent another allergic reaction to similar medications or the same medication. Patient education should be taught about the allergy and what medications the patient should avoid in the future. If the patient's allergy band does not have allergies that should also be updated with the newly discovered allergy.

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

If family were present, they would be asked to step out of the room while I would perform interventions for the patient. Once the patient was stable and all interventions were performed then the family could come back in. I would teach the family about what happened and what signs to monitor the patient for in case another reaction occurs.

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

After completing the simulation, I realized I should have sat my patient up in bed to help the patient breathe. I would have also given certain medications slowly. Overall, I felt good about the simulation, and I performed the critical interventions.

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

I assessed the patient for allergies when I came in but I could have asked if the patient had ever had the medication that I was administering. If it was the first time the patient was receiving the medication, I would monitor the patient for an allergic reaction since he had to history with it. I can use this in clinical when I ask for allergies and asking if the patient has had the medication before. This makes me feel more confident in my ability to handle a situation where a patient experienced an anaphylactic reaction.

* *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/>*