

Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

I really enjoyed this virtual simulation as I learned a lot of felt a mix of emotions. This scenario made me feel confident in my abilities in becoming a nurse as I understood what was going on with the patient. Although, I was stressed out in solving the problem and helping the patient recover, I was able to understand that he was having an anaphylactic reaction. The first time I did the simulation I stopped the medication and accidentally clicked the button again which made the IV machine restart with the same medication, so I failed that attempt. In additionally, I gave a dose of his ordered acetaminophen for a fever over 101, which was correct as his fever was 102, however, his next dose wasn't due at that time. Even though I made some big mistake, I was thankful to have made them as it helped me learn to be more careful and think before doing. The next attempt I made in the simulation, I was able to fix my mistakes and better understood how to navigate the website.

Scenario Analysis Questions*

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

As soon as the IV antibiotic were running, the patient stated the feeling of his throat closing and having a hard time breathing.

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

- Mild anaphylactic reactions: watery eyes, a runny nose, skin itchiness, and the development of a rash (does not require medical assistance); treatment: antihistamines to reduce the allergic response, calamine, and lotions to reduce the itchiness
- Moderate anaphylactic reactions: breathing difficulties, wheezing, and swallowing difficulties; treatment: antihistamines and epinephrine to reduce the body's allergic reaction and oxygen to assist in breathing
- Severe anaphylactic reactions: severe bronchospasm, laryngeal edema, acute dyspnea, cyanosis, sharp drop in blood pressure, cardiac arrest, and shock, treatment: cardiopulmonary resuscitation (CPR) to restart the heart after cardiac arrest, beta-agonist (such as albuterol) to relieve breathing symptoms, and intravenous (IV) antihistamines and cortisone to reduce inflammation of air passages and assist breathing

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

It is very important to assess your interventions after a reaction to see if further interventions are needed. Additionally, assessing your patient allows the reaction to not progress to a further stage, like cardiac arrest or shock.

Concluding Questions

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

One thing I was focusing on at the end of the simulation was getting this oxygen saturation back above 90%. A nasal cannula and the albuterol medication didn't suffice, therefore I had to

use the nonrebreather and even that took a bit to get his oxygen saturation above 90%. I feel that since he is a smoker, it could affect the reason his lungs has a hard time bouncing back after the reaction. Therefore, the next nurse could educate him on the effects of smoking and other alternatives in hopes to get his body and lungs in a healthier state. Furthermore, the nurse should do frequent respiratory assessments.

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

In an emergency situation like the one in this simulation, it is very important to remain calm and set the tone to help keep the patient and family at ease. If the family feels comfortable staying in the room, constantly informing and educating them on what is going on and what medications I'm giving is very important. But if the family would rather stay in the hall or waiting room, I would have another nurse inform them what is going on until I could stabilize the patient and educate the family.

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

The things I would do differently is reading the EMAR carefully. Although I feel confident I would make that mistake in real life, that doesn't mean that could happen. Also, it could have been a stronger drug, so it is very important to diligently read your orders and medications. Lastly, I didn't complete the cardiac assessment after the reaction because when listening to his heart, the simulation nurse stated it sounded good. However, that doesn't mean to stop the assessment there, so I should have delve in further and got a 3-lead EKG due to the fact he just had an anaphylactic reaction and his heart rate was still running at 141 bpm.

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

Working on communication and understanding the situation as reassuring and educating the family and patient can make things go a lot smoother and make the everyone feel as comfortable and confident as they can in the moment.

* *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/>*