

Medical Case 1: Kenneth Bronson

Guided Reflection Questions

1. How did the scenario make you feel?
I felt secure in my prior knowledge of pneumonia, but I did not expect him to have an allergic reaction to the antibiotic. As a result, I had to act quickly by calling the provider and administering epinephrine along with some other medications.
2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?
He said his throat was closing and that he couldn't breathe. His SpO2 was dropping rapidly and he was experiencing severe wheezing and shortness of breath.
3. Discuss the differences between mild, moderate, and severe anaphylactic reactions.
Mild anaphylactic reactions have signs and symptoms like itching mouth, nausea, urticaria, facial edema, conjunctivitis, and a red throat. Moderate reactions show signs and symptoms like coughing, wheezing, sweating, tachycardia and pallor. Severe shows in difficulty in breathing, collapse, vomiting, severe wheezing, edema of the larynx, respiratory arrest, or cardiac arrest.
4. Discuss the importance of follow-up assessments post-reaction.
Measuring vital signs, cardiac monitoring, and pulse oximetry are essential to assess post-reaction because the reaction may not have completely subsided or could come back.
5. What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?
Kenneth needs further education about his allergic reaction. He also needs education about his diagnosis of pneumonia like how to prevent it and smoking cessation resources. He needs to be put on a different antibiotic and then reassessed with new labs drawn to see if the pneumonia is resolving.
6. Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.
I would speak calmly and assure them that we have the situation under control and make them aware of what is going on.
7. 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 biggest mistake I made was not stopping the ceftriaxone medication after he was experiencing a reaction. Something I would do the same would be contacting the provider as soon as anaphylaxis was suspected.

8. How could you prepare for clinical in order to plan ahead for potential patient emergencies?

I could prepare ahead by having suction equipment and ventilators nearby, depending on the patient situation. I would also know where the crash carts and MET buttons are.