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2/6/2023

## Medical Case 2: Jennifer Hoffman

### Documentation Assignments

1. Document your initial focused respiratory assessment of Jennifer Hoffman.
  - a. Jennifer Hoffman is a 33-year-old female who appears to be struggling to breathe and in respiratory distress. She can only speak in short statements and coughs every few minutes. She is breathing at 28 breaths per minute with a lot of audible wheezing. She has an increased respiratory effort. Her SpO<sub>2</sub> is 79%.
2. Identify and document key nursing diagnoses for Jennifer Hoffman.
  - a. Ineffective breathing pattern related to acute asthma as evidenced by cough, tachypnea, wheezing, shortness of breath, and decreased SpO<sub>2</sub>.
  - b. Ineffective airway clearance
  - c. Anxiety
3. Document your phone call to the provider, including the information you provided regarding the significant changes in Jennifer Hoffman.
  - a. Jennifer Hoffman has a history of asthma. I took her vitals, and she has symptoms of tachypnea, wheezing, coughing, shortness of breath, and decreased SpO<sub>2</sub>. I gave her 100% oxygen from a non-rebreathing mask as per orders and gave her warm, humidified oxygen. I also gave her a 4 mL dose of ipratropium/fenoterol in a nebulizer and administered 125 mg of methylprednisolone IV as per orders.
4. Referring to your feedback log, document the nursing care you provided.
  - a. I washed my hands and identified the patient to maintain patient safety. I took her vital signs. The pulse oximeter was attached to monitor the saturation and pulse. I attached the automatic noninvasive blood pressure (NIBP) measurement cuff to reassess the patient continuously. Her temperature at the ear was 98.6 degrees F and her breathing was at 28 breaths per minute. I listened to the lungs of the patient and there is a lot of audible wheezing and increased respiratory effort. I attached a 3-lead ECG according to provider's orders. I gave the patient 100% oxygen from a non-rebreathing mask with a warm, humidified oxygen. Once her SpO<sub>2</sub> maintained above 92%, I gave her 4 mL of supplemental oxygen via a nasal cannula.
  - b. I assessed the patient's IV and the site had no redness, swelling, infiltration, bleeding, or drainage. The dressing was dry and intact. I gave 4 mL dose of ipratropium/fenoterol in a nebulizer and administered 125 mg of methylprednisolone IV as per orders. Patient education was given and I discussed the patient's status with the provider. I documented the nursing care, patient's response, and performed a patient handoff.

## Guided Reflection Questions for Medical Case 2: Jennifer Hoffman

### Opening Questions

How did the scenario make you feel?

- In the beginning, I was very nervous because of the loud sounds of the patient's breathing and the vital signs. However, as I assessed the situation and the patient, I was able to determine what the priority was and find the right interventions for the patient. When the patient felt better, I also felt better. This simulation was very helpful and gave me more practice.

### Scenario Analysis Questions\*

**PCC** What assessment findings would indicate that the patient's condition is worsening?

- Vital signs worsen
- SpO2 saturation drops even more
- Unable to communicate or becomes unresponsive

**PCC** When a patient develops a rapid onset of shortness of breath, what are the nurse's immediate priorities?

- Position patient to high fowler's
- Ask if patient has any allergies
- Give patient 100% oxygen from non-rebreathing mask
- Give a nebulizer as per order
- Call provider if conditions worsen

**PCC/I** Review Jennifer Hoffman's laboratory results. Identify which results are abnormal and discuss how this relates to her clinical presentation and the disease process.

- Ms. Hoffman's Arterial Blood analysis results
- Low pH = 7.33
- High PaCO2 = 50
- Low PaO2 = 50
- Low SaO2 = 50

### Concluding Questions

- What communication techniques are important for an extremely anxious patient who is having difficulty breathing?
  - Explaining each step of treatment and what you are doing to the patient
  - Assuring patient but not giving false hope
- What patient teaching priorities would be important for the patient who has experienced an acute exacerbation of asthma?
  - Knowing what to do in the situation
  - Calling for help
  - Know the triggers of the attack
  - Taking the correct medication and instructions on how to take it
- What discharge instructions regarding home medications would you provide the patient related to medications to use to alleviate symptoms of an acute asthma attack?

- How to use an Inhaler
- What resources would you recommend for the patient experiencing asthma?
  - Pulmonologist
  - Primary care doctor
  - Support groups
- What is the importance of the asthma action plan in managing the care of a patient with asthma?
  - Reduce or prevent a sudden attack or triggers
  - Ensuring clear airway and breathing for the patient
- What would you do differently if you were to repeat this scenario? How would your patient care change?
  - I have repeated this scenario 3 times and I learned that there are important priorities in nursing care such as hand hygiene, identifying the patient, taking vital signs, checking medications and verifying with the patient, checking doctor's orders. I had to change the orders of each intervention in order of patient's airway, breathing, and safety.

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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/>*