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Guided Reflection Questions for Medical Case 2: Jennifer Hoffman

Opening Questions

How did the scenario make you feel?

This scenario made me feel like I was in a real life scenario because it was more realistic than what I was expected. I felt like the life of my patient depends on the actions that I take as a nurse. At first, I was nervous but I managed to provide good care for my patient.

Scenario Analysis Questions*

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

The assessments findings that would indicate that the patient's condition is worsening are: when the patient oxygen saturation keeps decreasing and the patient is out of breathe, if she is turning blue (cyanotic), and her heart rate, blood pressure, temperature are increasing. Also, if she is unresponsive.

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

When a patient develops a rapid onset of shortness of breath, the nurse's immediate priorities are to elevate the head of the bed to make the patient sit upright, assess the airway and breathing, check the patient's vital signs, auscultate the heart and lungs, then intervene immediately based on the findings. For example administer oxygen followed by medications.

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.

Jennifer Hoffman's laboratory results showed some abnormal results. Her pH= 7.33 (acidic), Base excess= 3.0, $PaCO_2$= 50, PaO_2 = 50, SaO_2=78, Na^+ =135. The lab results explained her difficulty of breathing, her oxygen was low.

Concluding Questions

What communication techniques are important for an extremely anxious patient who is having difficulty breathing?

Important communication techniques are to encourage the patient to stay calm and to explain to the client what I am about to do and how it is going to feel like. I would educate the patient about the medications as well. I would address the patient in a calm manner and ask her if she needs anything stay with her.

What patient teaching priorities would be important for the patient who has experienced an acute exacerbation of asthma?

- Teach the patient to carry his medications with him
- Elevate the head of the bed
- Teach coughing and deep breathing exercise
- Avoid triggers
- Promote smoking cessation

What discharge instructions regarding home medications would you provide the patient related to medications to use to alleviate symptoms of an acute asthma attack?
Take the medication as prescribed, correct dosage, time and route.
Watch for allergic reaction to medication
Avoid triggers such as dust and smoke that can cause another episode of asthma.

What resources would you recommend for the patient experiencing asthma?
I would recommend the patient to use an action plan to manage the asthma (eg. from National Heart, Lung, and Blood Institute). To get free resources asthma educational materials. Find appropriate treatments for the asthma. To take the long-term medicine even if you do not have any symptoms.

What is the importance of the asthma action plan in managing the care of a patient with asthma?
The asthma action plan will show you the steps you need to follow to keep the asthma from getting worse. It helps you manage the disease better because it tells you the medicines to take based on the signs and symptoms or peak flow measurements, and actions to take if the disease is getting worse.

What would you do differently if you were to repeat this scenario? How would your patient care change?
If I were to repeat this scenario, I would move faster, I would reassess the patient, I would encourage my patient to stay calm and relaxed, and I would use every opportunity to provide patient education.

Medical Case 2: Jennifer Hoffman

Documentation Assignments

1. Document your initial focused respiratory assessment of Jennifer Hoffman.
   Patient had dyspnea, cough, respiratory rate was 25, SpO2 79%. Ms. Hoffman had difficulty speaking and wheezes were heard on auscultation. Her Blood pressure was high 134/80 mm Hg, ECG showed signs of sinus tachycardia with a heart rate of 118. Her temperature was also high 98.6˚F (37.0˚C).

2. Identify and document key nursing diagnoses for Jennifer Hoffman.
   Key nursing diagnoses for Jennifer Hoffman include:

- Anxiety
- Difficulty speaking
- Ineffective breathing pattern
- SpO2 low
- Increase blood pressure
- Increase heart rate
- Increase temperature
- Increase pulse rate
- Audible wheezes
- Increased respiratory effort

3. Document your phone call to the provider, including the information you provided regarding the significant changes in Jennifer Hoffman.
   I did not call the provider. However, if the patient was getting worse and I had to call him, I would tell him about the patient's situation first. I would explain that the patient is having an acute asthma attack and is being treated with oxygen, Ipratropium/ Fenoterol in nebulizers and methylprednisolone. I would give him a little background on the patient and what I found during assessment. At the end, I would provide some recommendations to improve the patient's health.

4. Referring to your feedback log, document the nursing care you provided.
   Before providing care, I washed my hands, I introduced myself and I identified my patients to maintain patient's safety. Next, I checked the level of consciousness of my patient (LOC x4) and I checked the patients vital signs (RR,HR,SpO2, BP, Pulse, T). I asked the patient if she had any difficulty breathing, and if she had any other symptoms. I asked for family history of asthma and if patient was a smoker. To proceed with the assessment, I listened to the lung sounds of the patient. Thereafter, I attached the pulse oximeter to monitor the oxygen saturation and pulse. Then, I attached the automatic noninvasive blood pressure measurement cuff to monitor the blood pressure followed by a 3-lead ECG to monitor the patient heart. While doing all this, I provided education to patient on what I was doing. I checked for allergies (Hay Fever) before administering the medications, I compared the medication label with MAR and checked the basic rights of medications. Afterwards, I administered 4 ml dose of Ipratropium/ Fenoterol in a nebulizer as ordered by the provider followed by the methylprednisolone dose of 125 mg. a few minutes later, I assessed the IV site for any complications. I checked the vital signs of the patients once more, and reassessed her to know if there was any improvement. After that, I asked the patient if she feels better. I continued monitoring the vital signs of the patient before I handed the report to the other nurse.