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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 nervous at first especially when the patient was trying to tell me that she can't breathe and as a nurse I must intervene immediately to make the patient feel better. However, as I remain calm and do what's needs to be done, I got more comfortable, and it makes me prepare and feel like I was in a real-life scenario. It helps me realize that if someone is experiencing asthma attack what I need to do, how to do it and the steps that I need to follow.

Scenario Analysis Questions*

PCC What assessment findings would indicate that the patient's condition is worsening?
The assessment findings that would indicate the patient's condition is getting worse is her heart rate is increasing, her temperature increase, her blood pressure increased, and her oxygen level dropped, that makes the patient became more agitated. The wheezing is also a common indicator that the asthma is getting worse. The coughing that didn't go away also indicate the asthma is getting worse. And the patient inability to talk is an indicator that the asthma is also getting worse.

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 immediate priority is to elevate the head of the bed to assure the patient is sitting upright. Because when the patient is sitting upright that helps the lungs to expand because it has more space. After that as a nurse, we must take patient vitals such as respiration rate, oxygen level, pulse rate, and auscultate the lungs to hear the sounds. We must check the physician's order to know if there's medications that have been provided for the patient, if so, we must administer the medication as ordered and assess the patient after administering the medications. It is an immediate priority for the nurse to call the health care provider if the symptoms remain the same after treatment.

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.
In Jennifer Hoffman's laboratory results, her o2 saturation level was 78%, that makes it below the normal range which is 95-100%. When I attached the ECG on the patient, it shows that the patient had tachycardia, that means the heart was beating faster

than usual. Also, the patient heart rate was higher than the normal average which is 60-100. The patient paO₂ was 50 which makes it below the average which is 75-100mm Hg. The patient paco₂ was higher than the normal average which is 38-42 mm Hg. So, all these laboratory results shows that Jennifer Hoffman's condition was severe and that was the reason it was hard for her to talk.

Concluding Questions

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

The techniques that are important for an extremely anxious patient who is having difficulty breathing is to keep the conversation simple and short as possible because the fact that the patient cannot breathe, that put her in an inability to talk. Also, even though the patient is anxious, it is best to assure the patient to stay calm by talking to her. It is also important to explain the patient everything we are doing because that can calm the patient a little bit. If we must give medications, it is important to educate them about the medications, what they can expect from taking them, how they are going to feel after taking them. Observe non-verbal communications and use simple terms so the patient can understand.

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

Teaching about deep breathing techniques is important for the patient who has experienced an acute exacerbation of asthma. Also, it is important to teach the patient about some triggers that might cause an acute asthma such as avoid smoking will help prevent it. Also, I would educate the patient about the medications that they need to take and the importance of taking them so they can have an understanding about them. I will also teach them about good nutrition and exercise to prevent exacerbation of asthma.

What discharge instructions regarding home medications would you provide the patient related to medications to use to alleviate symptoms of an acute asthma attack?

The discharge instructions regarding home medications I would provide the patient to alleviate symptoms of an acute asthma attack is to take their medications on time and avoid all the triggers that could provoke the asthma attack.

What resources would you recommend for the patient experiencing asthma?

I would recommend a care plan for the patient experiencing asthma. Because when they have a care plan to follow, they will know everything they need to do to stay away from things that could provoke the asthma.

What is the importance of the asthma action plan in managing the care of a patient with asthma?

The importance of the asthma action plan in managing the care of a patient with asthma will help you act fast, so it doesn't get 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 do it more quickly because I felt like I was taking too long before intervening to know what I'm going to do for the patient. There were so many steps that I forgot to do such as connect the ECG, the electric machine for the blood pressure which was important. I also forgot to reassess the patient after giving care, to make sure the patient is feeling better, I forgot to assess the patient's IV site first before giving the medications and educate her while I'm giving them. Luckily, I had a chance to repeat it, because I was able to see the steps that I missed and what I need to do to intervene faster and correctly because in real life, missing important things can make the patient worse and even cause death.

Medical Case 2: Jennifer Hoffman

Documentation Assignments

1. Document your initial focused respiratory assessment of Jennifer Hoffman.
Patient has shortness of breath, patient has a history of asthma, onset during childhood. Patient is alert and oriented, patient is coughing, patient has audible wheezing in the lungs. Patient HR is high, patient oxygen level is low, and the blood pressure is high.
2. Identify and document key nursing diagnoses for Jennifer Hoffman.
Ineffective airway related to bronchospasm, anxiety related to shortness of breath and impaired gas exchange due to impaired oxygen delivery.
3. Document your phone call to the provider, including the information you provided regarding the significant changes in Jennifer Hoffman.
The phone call to the provider was to explain him/her what had happened to the patient, what I did for the patient. How were the patient's blood results, what interventions, medications I gave the patient to help her feel better. I also explain the health care provider if there's anything else he/she wants me to do or assess the patient.
4. Referring to your feedback log, document the nursing care you provided.
 - I introduced myself as a nurse.
 - I washed my hands for safety measures.
 - I identify the patient to make sure I have the right patient, and everything matches.
 - I elevated the head of the bed.
 - I listen to patient's lungs.
 - I attach the spo2 monitor.
 - I attached NIPB to monitor patient's blood pressure every 5 minutes.
 - I attach the ECG to monitor patient's heart rate.
 - I assess patient's temperature.
 - I place the non-rebreather mask to help the patient breath.
 - I asked patient if she has any allergy before administering any medication.
 - I educate the patient about the medications.
 - I administer Ipratropium/fenoterol via nebulizer that was provided for the patient.
 - I assess the patient IV site before administering IV push.
 - I follow the right of the medications before administering the medication.
 - I called the provider to explain the patient's situation, what I did for the patient to help her and what else do I need to do for the patient.
 - I reassess the patient to make sure the patient feels better after treatment.
 - After patient was stable, I changed the non-rebreather mask to nasal cannula. And I continue to monitor the patient vital signs.