

## **VSIM: Kenneth Bronson**

### **Documentation Assignment**

1. My initial respiratory assessment started with attaching the pulse oximetry. Afterwards I checked the respiratory rate and auscultated the lungs to check assess for abnormal lung sounds.
2. Before the Anaphylaxis the patient was complaining of pain and described it as a stinging on the right side of the chest. On a scale of 0 to 10 the patient rated it as a 2. After the anaphylactic reaction the patient became restless and described said that he felt as if his throat was closing up.
3. Upon receiving IV antibiotic therapy, the patient had an anaphylactic reaction to Ceftriaxone showing both respiratory and cardiovascular symptoms. Monitoring for potential drug reactions should be continued.
4. The patient is at risk for impaired gas exchange related to ventilation-perfusion imbalance evidence by dyspnea, tachycardia, and shortness of breath.
5. The patient receives two doses of 0.5 mg 1:1000 Epinephrine after anaphylactic reaction was identified. The patient also received 5 mg of Nebulizer treatment. The patient was given 100% nonrebreather during. The patient received 50 mg of diphenhydramine IV push along with 125 mg of methylprednisolone.