

Guided Reflection Questions for Medical Case 1: Kenneth Bronson

Opening Questions

How did the scenario make you feel?

I was a bit nervous in the beginning because I did know how the patient was going to present to me. But after my first trial, I became confident and repeated the simulation again. Overall it was very interesting.

Scenario Analysis Questions*

PCC, EBP What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?

After administration of the antibiotic Mr Bronson started complaining of chest pain on his right side of his chest and rated it as 2 on pain scale of 0-10, he became SOB, minutes later I noticed a rash on his neck. He already had a fever of 39.2 degrees celsius(103 F).

PCC, EBP Discuss the differences between mild, moderate, and severe anaphylactic reactions.

Mild allergic reactions, the symptoms are usually local and affect specific part or area of the body and don't spread to other parts of the body. It can be hives, rash, watery eyes, red eyes, runny nose, or itchiness.

Moderate allergic reactions spread to other parts of the body. The symptom could be the same as in mild reactions (hives, rash, itchiness), tachycardia, drop in SpO₂, coughing, tachycardia and sweating or could be more severe, such as trouble breathing and swelling, but not life-threatening

Severe, the body responds to the allergen suddenly. It could start with itching of the eyes and face, then more serious symptoms appear such as angioedema, swelling of the throat, which can cause problems with breathing, and swallowing, abdominal pain, cramps, dizziness, hypotensive and confusion. It consists of severe wheezing that can quickly change to stridor and patients can go into shock, cardiac and respiratory arrest and can lead to death. This is life-threatening and it is an emergency.

EBP/S Discuss the importance of follow-up assessments post-reaction.

Follow up assessment is very important because it is critical to check if vital signs returned to normal, or if the patient is breathing properly without any signs of bronchoconstriction and no signs of a patient going into shock.

Concluding Questions

What further needs does Kenneth Bronson have at the end of the scenario that future nursing care should address?

The nurse should take note that the patient has a new allergy and should make sure to chart in the Pt's medical record. The nursing care should also provide the patient with education on this new allergy, and smoking cessation.

Reflect on how you would communicate with family members in an emergency situation if they were present at the bedside.

I would explain the situation to the family thoroughly and truthfully as possible while remaining calm and confident. Tell them the patient had a moderate anaphylactic reaction to the antibiotic was administered. I would advise them to remain calm while the physician and other care team taking care of him and following further instructions. And also Pt's condition is stabilize by administering an increased flow of oxygen, administering medications (Epinephrine) his provider has prescribed and monitoring his cardiac rhythm.

After completing the simulation and reflecting on your experience, what would you do differently (or the same) for the patient experiencing acute respiratory distress?

I will manage my time effectively for the Pt to receive the better care he needs. I wouldn't administer med (Methylprednisolone) as ordered by the PCP because my time runs out. And lastly

How could you prepare for clinical trials to anticipate potential patient emergencies?

I will review the patient's chart or ask patients of any possible allergies before medication administration, and if they have allergies, I would be sure to ask them how they reacted to that medication in the past. I will keep epinephrine at the bedside before administering any medications that the patient has not been given before to prevent any complications.