

ABIDE BALLI

NUR 493

Medical Case 1: Kenneth Bronson

Guided Reflection Questions

1. How did the scenario make you feel?

At some point in the beginning of the scenario, I panicked when the patient went into anaphylaxis shock because I was not expecting it. I felt calm and immediately stopped the infusion of ceftriaxone. This is because of my background knowledge and clinical experiences, if a patient starts to have a sudden change in feeling after starting an infusion, you stop right away.

2. What signs and symptoms led you to the conclusion that Kenneth Bronson was experiencing an allergic reaction?

Mr. Bronson complains of shortness of breath, he was anxious and was wheezing and coughing.

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

Mild anaphylactic reactions include watery eyes, a running nose, skin itchiness, and the rash and no death threat. Moderate symptoms may lead to death, it includes hives, nausea and vomiting, swelling, or tingling of the mouth, while severe anaphylactic reactions include difficulty (or inability) to breathe, wheezing, increased heart rate, and losing consciousness and a high chance of death threat.

4. Discuss the importance of follow-up assessment's post-reaction.

It is very important to follow up with a post-assessment after an anaphylactic reaction to prevent any complications. Measurement of vital signs is a priority for all cases. For a Mild reaction, it is important to provide antihistamines and hydrocortisone cream. For a moderate, epinephrine, oxygen is priority and severe reactions demand resuscitation and intravenous antihistamines.

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

Based on the scenario, it felt like Kenneth did not know about his allergies and needed to be followed up on the education of his allergy.

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

It is important to keep the family members updated on their patients, to be honest about their situations. I would clarify to them that Kenneth had a moderate anaphylactic reaction to the medication administered and will advise them to remain calm.

7. 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 would be sure to attach the 3 lead ECG lead which I forgot to do. I was so concerned with making sure he got his meds as quickly as possible that I forgot about the EKG leads.

8. How could you prepare for clinical studies in order to plan ahead for potential patient emergencies?

Well, I am sure that if this happened in real life it would be far more stressful. I could help prepare myself by reviewing the steps in my head on how to handle the reaction and remaining calm. Immediately stopping the infusion and getting help is the key.

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Documentation Assignments

1. Document Kenneth Bronson's new allergy information in his patient record.

Patient started experiencing symptoms of an anaphylactic reaction after administration of ceftriaxone. Medication infusion stopped promptly.

2. Document your initial focused respiratory assessment of Kenneth Bronson.

Initial assessment of the respiratory system showed the patient had a RR of 17, with reduced breath sounds at the right lung base.

3. Document the assessment changes that occurred before and after the anaphylactic reaction.

Before the anaphylactic reaction, the patient's heart rate was 97, BP was 138/82, RR was 17, 95% SpO₂, and temperature was 102 F.

After the anaphylactic reaction, the patient's heart rate was 132, BP was 131/67, RR was 32, 91% SpO₂, and temperature was still 102 F.

4. Identify and document key nursing diagnoses for Kenneth Bronson.

Ineffective Airway Clearance related to bronchospasm as evidenced by wheezing.

Impaired Gas Exchange related to bronchospasm as evidenced by changes in oxygen saturation (88%).

5. Referring to your feedback log, document the nursing care you provided.

Provided hand hygiene, verified the patient, and provided patient education upon entering the patient room.

Documented patient's allergies and past medical history

Assessed the patient – head to toe assessment, pain, vitals, and IV access.

Administered ceftriaxone.

Monitored the patient closely, the patient reported signs of an allergic reaction – I stopped the infusion immediately and phoned the provider to discuss the patient's condition. Administered 0.5 mg of epinephrine intramuscularly, and then administered a 50 mg dose of diphenhydramine.

I administered a bronchodilator and also started administering ranitidine, as ordered. I then administered 125 mg of methylprednisolone. Reassessing the lungs sounds I then phoned the provider to discuss the patient's status, and how he reacted to the treatments following his anaphylactic reaction. Patient handoff was performed.