Sristi Pandey
03/01/2023

Medical Case 1: Kenneth Bronson

Documentation Assignments

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

→ My initial focused respiratory assessment of Kenneth Bronson were vital signs especially RR, SpO2 saturation, increase of oxygen delivery, and auscultation of lung sounds.

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

→ Before anaphylactic reaction, patient was not in distress, and vitals within the limits. Vital signs obtained were: T 102°F, PR 99, RR 17, BP 134/80, and sinus rhythm. After the reaction occured, patient went to sinus tachycardia with HR of 107 (increased), BP 123/75 (started dropping), RR 22 (increased), T 102°F, and SpO2 started dropping checked for pedal pulse bilaterally.

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

→ Bronson developed allergic reaction soon after the administration of ceftriaxone IV. Patient developed sinus tachycardia with HR 107, R 30, BP 123/75. The HR kept increasing upto 160. Patient complained of difficulty breathing, dyspnea, reduced breath sounds on lung fields, and developed red rashes on the tracheal area and neck area.

Sristi Pandey
03/01/2023

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

→ Imapired gas exchange r/t bronchospasm

→ ineffective airway clearance

→ Ineffective breathing pattern r/t laryngeal edema and bronchospasm

→ deceased cardiac output r/t alteration in HR, rhythm, decreased oxygenation

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

→ The ceftriaxone IVPB was stopped immediately. 3-lead ECG was taken, auscultated heart sounds RRR, s1 and S2 present, lung sounds ausculated with reduced breath sounds at right lung base. An order of epinephrine 0.5 mg was given up to 3 times every 5 mins. Oxygen mask of high low 15 ml was administered. Albuterol nebulizer of 5 mg dose was administered for bronchospasm. Vitals signs assessed every 5 minutes. Antihistamine of 50 mg of diphenhydramine IV was administered. Steroids of Methylprednisolone of 125 mg was administered as part of anaphylaxis treatment. Patient reported of feeling better and showed an overall improvement after the interventions. Patient's vitals signs after treatment was T 102℉, PR 141, RR 26, BP 123/74, and SPO2 97% on high flow 15 ml/min.