

Medical Case 5: Skyler Hansen Guided Reflection Questions

1. How did the scenario make you feel?

This scenario made me feel many things because I felt like I would've been prepared with the interventions but missed the consistency of the interventions I had to do like when and how often I needed to be checking again the patients' blood sugar levels.

2. What management options would have been appropriate if Skyler Hansen had been alert and could swallow?

Some management options that would have been appropriate if Skyler had been alert and could swallow would be to administer an oral glucagon tablet, orange juice, and carbohydrates like crackers.

3. If Skyler Hansen's acute hypoglycemic episode had not have been treated immediately, what could have happened?

If his hypoglycemic episode wouldn't be treated immediately, he could have possibly gone into a coma, seizure, and even death due to the harm it's causing to the brain.

4. If too much glucose were administered to Skyler Hansen while the health care team was trying to correct his blood glucose level, what could occur?

He could eventually have developed hyperglycemia which then insulin would have to be considered.

5. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.

Situation: Skyler experienced a hypoglycemic crisis. Background: He is an 18-year-old male, who hadn't eaten anything for at least 5 hours, he has type 1 diabetes, has no known allergies, currently lives with his family, was acting confused with slurred speech when brought into the ED. Assessment: Respiratory rate is now 12, the temperature is 98 F, EKG showed normal sinus rhythm, vital signs were taken and informed to HCP, Skyler is then A&OX4, 50% dextrose was administered via IV, and blood glucose levels are now 102mg/dl.

6. Describe age-appropriate patient teaching for Skyler Hansen and resources that may be helpful to him.

Some patient teaching and resources for Skyler is to always remember to eat high something that is high in carbohydrates to prevent his blood glucose levels from decreasing. I would also maybe advise him to speak with his HCP about speaking to a dietician so that he could better understand the foods he should be eating considering he was newly diagnosed with type 1 diabetes not that long ago.

7. Discuss confidentiality and legal empowerment of 18-year-old patients such as in Skyler Hansen's case.

Since he is 18 years old, he has the right to his information and incident not discussed with his family members unless he allows that. I wouldn't discuss any of his health information with his family members unless he gives me permission to.

8. What would you do differently if you were to repeat this scenario? How would your patient care change?

I actually repeated this scenario a couple of times because I struggled with missing a few things like the patients' order. I kept focusing on the current situation whenever he went unconscious I knew to give him dextrose 50% IV but when he was no longer unconscious, didn't think of continuing the oral route for administering glucose considering he was already on an IV. I also would prioritize the consistency of taking his blood sugar and when exactly to take it and the order in which I would do things as well as continuing the order with monitoring his vital signs.