Medical Case 1: Kenneth Bronson

Documentation Assignments

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

   Allergic to Ceftriaxone. Given 1g IV @ 1108, Pt c/o of throat swelling, unable to breathe. Allergic to antibiotic class, cephalosporins.

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

   RR 17/min, reduced breath sounds at right lung base upon auscultation. SpO2 95% NC 2 L/min. Pt is a tobacco smoker, "2 packs a day for the past 10 years." Pt c/o tiredness and chest tightness.

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

   Before anaphylactic reaction, VS were stable: RR 18/min, SpO2 95% NC 2 L/min, BP 138/82 mm Hg, Temp 102 F, HR 100/min strong and regular.

   During/after anaphylactic reaction, VS: RR 36/min airway sounds obstructed, increased respiratory effort, SpO2 92% non-rebreather mask 10 L/min, BP 140/80 mm Hg, HR 144/min, urticarial rashes on chest

4. Identify and document key nursing diagnoses for Kenneth Bronson.
   Ineffective airway clearance
   Ineffective breathing pattern
   Impaired gas exchange
   Decreased Cardiac Output
   Infection

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

Feedback Log

0:08	You washed your hands. To maintain patient safety, it is important to wash your hands as soon as you enter the room.
0:10	*Patient status - ECG: Sinus rhythm. Heart rate: 96. Pulse: Present. Blood pressure: 138/82 mm Hg. Respiration: 19. Conscious state: Appropriate. SpO2: 95%. Temp: 103 F (39.2 C)*
0:32	You identified the patient. To maintain patient safety, it is important that you quickly identify the patient.
0:40	You asked if the patient was allergic to anything. He replied: 'No, I am not allergic to anything.'
0:55	You sat the patient up. It is correct to do so.
0:59	You looked for normal breathing. He is breathing at 18 breaths per minute. The chest is moving normally on both sides.
1:10	*Patient status - ECG: Sinus rhythm. Heart rate: 96. Pulse: Present. Blood pressure: 137/81 mm Hg. Respiration: 18. Conscious state: Appropriate. SpO2: 95%. Temp: 103 F (39.2 C)*
1:29	You attached the pulse oximeter. It is a good idea to monitor the saturation and pulse here. This will allow you to reassess the patient continuously.
1:44	You checked the radial pulse. The pulse is strong, 95 per minute and regular. It is correct to assess the patient's vital signs.
2:10	*Patient status - ECG: Sinus rhythm. Heart rate: 96. Pulse: Present. Blood pressure: 136/81 mm Hg. Respiration: 17. Conscious state: Appropriate. SpO2: 95%. Temp: 103 F (39.2 C)*
2:11	You measured the blood pressure at 136/80 mm Hg. It is appropriate to monitor the patient by measuring the blood

pressure.

2:36 You checked the temperature at the mouth. The temperature was 102 F (39.2 C).

2:56 You examined the patient's skin. There is normal skin turgor. He is sweating, and his skin is warm.

3:10 *Patient status - ECG: Sinus rhythm. Heart rate: 96. Pulse: Present. Blood pressure: 134/81 mm Hg. Respiration: 17. Conscious state: Appropriate. SpO2: 95%. Temp: 102 F (39.2 C)*

3:23 You listened to the lungs of the patient. There are reduced breath sounds at the right lung base.

3:41 You asked the patient if he had any pain. He replied: 'Yes, I have some pain.'

3:45 You asked the patient if he could describe his pain. He replied: 'It stings a bit in my chest.'

3:50 You asked: How bad is the pain? He replied: 'Not too bad, it's about a 2.'

3:55 You asked the patient if he needed anything for the pain. He replied: 'No. I'm okay.'

4:10 *Patient status - ECG: Sinus rhythm. Heart rate: 96. Pulse: Present. Blood pressure: 136/81 mm Hg. Respiration: 17. Conscious state: Appropriate. SpO2: 95%. Temp: 102 F (39.1 C)*

4:16 You assessed the patient's IV. The site had no redness, swelling, infiltration, bleeding, or drainage. The dressing was dry and intact. This is correct. Assessing any IVs the patient has is always important.

4:35 You flushed the cannula.

4:49	You started infusing ceftriaxone. This is part of the correct treatment of this condition, and you typically infuse this over 30 minutes. It is important to use the basic rights of medication administration to ensure proper drug therapy..
4:49	The patient started developing an allergic reaction to the antibiotic.
5:01	You stopped infusing ceftriaxone. Correct. It is very important to stop any infusions when an anaphylactic reaction has developed.
5:10	*Patient status - ECG: Sinus tachycardia. Heart rate: 107. Pulse: Present. Blood pressure: 134/78 mm Hg. Respiration: 19. Conscious state: Appropriate. SpO2: 95%. Temp: 102 F (39.1 C)*
5:11	You phoned the provider in order to discuss the patient.
5:28	You gave the patient 100% oxygen from a non-rebreathing mask. This was part of your orders.
5:52	*Patient status - ECG: Sinus tachycardia. Heart rate: 115. Pulse: Present. Blood pressure: 135/75 mm Hg. Respiration: 24. Conscious state: Appropriate. SpO2: 95%. Temp: 102 F (39.1 C)*
5:54	You attached a 3-lead ECG. It is correct to attach the monitor to the patient.
6:14	You administered 0.5 mg of epinephrine 1:1000 intramuscularly.
6:48	You flushed the cannula.
6:50	*Patient status - ECG: Sinus tachycardia. Heart rate: 124. Pulse: Present. Blood pressure: 128/69 mm Hg. Respiration: 29. Conscious state: Appropriate. SpO2: 96%. Temp: 102 F (39.1 C)*
6:56	A 50 mg dose of diphenhydramine was injected. It was

reasonable to administer an antihistamine here.

7:30 You started infusing ranitidine. Correct. This was part of your orders.

7:50 *Patient status - ECG: Sinus tachycardia. Heart rate: 145. Pulse: Present. Blood pressure: 139/79 mm Hg. Respiration: 32. Conscious state: Appropriate. SpO2: 96%. Temp: 102 F (39.1 C)*

7:59 You flushed the cannula.

8:07 You administered 125 mg of methylprednisolone. Steroids are part of the correct treatment of anaphylaxis.

8:27 You placed a 5 mg dose of albuterol in a nebulizer. It was reasonable to administer a bronchodilator here. You must balance the risk of tachycardia against the benefit of bronchodilation.

8:40 You looked for normal breathing. There are urticarial rashes on the chest. He is breathing at 33 breaths per minute. The airway sounds obstructed. There is increased respiratory effort.

8:50 *Patient status - ECG: Sinus tachycardia. Heart rate: 152. Pulse: Present. Blood pressure: 143/85 mm Hg. Respiration: 33. Conscious state: Appropriate. SpO2: 97%. Temp: 102 F (39.1 C)*

9:13 You measured the blood pressure at 142/84 mm Hg.

9:39 You checked the radial pulse. The pulse is strong, 145 per minute and regular.

9:50 *Patient status - ECG: Sinus tachycardia. Heart rate: 142. Pulse: Present. Blood pressure: 137/80 mm Hg. Respiration: 33. Conscious state: Appropriate. SpO2: 97%. Temp: 102 F (39.1 C)*

10:0 You phoned the provider in order to discuss the patient.

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10:50	*Patient status - ECG: Sinus tachycardia. Heart rate: 136. Pulse: Present. Blood pressure: 138/77 mm Hg. Respiration: 33. Conscious state: Appropriate. SpO2: 97%. Temp: 102 F (39.1 C)*
11:26	You provided patient education. This is correct. It is important to use every opportunity to provide patient education.
11:50	*Patient status - ECG: Sinus tachycardia. Heart rate: 132. Pulse: Present. Blood pressure: 134/73 mm Hg. Respiration: 33. Conscious state: Appropriate. SpO2: 97%. Temp: 102 F (39.1 C)*
11:58	You asked the patient how he felt. He replied: 'It's getting difficult to breathe!'
12:19	You asked the patient what other symptoms he had. He replied: 'I feel kind of light-headed.'
12:36	A patient handoff was performed.
	Anaphylactic reactions may be triggered by medications. Symptoms range from flushing, warmth, urticaria, anxiety, itching, cough, and wheezing, to severe systemic reactions, such as severe bronchospasm, laryngeal edema, acute dyspnea, cyanosis, and hypotension. Dysphagia, abdominal cramping, vomiting, diarrhea, and seizures with cardiac arrest and coma may follow. Early recognition and withdrawal of the triggering substance is pivotal. Rapid treatment is critical and includes epinephrine, IV fluids, and oxygen. Measurement of vital signs, cardiac monitoring, and pulse oximetry are high priorities. Second-line therapy includes corticosteroids, antihistamines, and asthma medications.
	You got 100%