1. How did you feel about your initial simulation experience? On the technical side of the practice scenario, what went well? What were some of the technical challenges that you experienced? Considering the challenges that were identified above, what would you do differently in preparation for the next case?

I enjoyed the simulation experience. My first attempt I felt nervous and unsure of what was appropriate and important to do but after reading the feedback provided for me, I felt I understood the assignment and it flowed more easily for me. I felt the technical side was not bad. I was able to navigate where all the important items were like the phone to call the provider or an RRT, the medicine cabinet, the nurse for help and the blood tubes/IV starter kit was readily available. I felt the only challenge was once you click on an action, for example a respiratory assessment, and then asking the nurse to start an IV, it automatically went to the next thing you clicked on. So, I have to pay close attention because if I asked two questions back-to-back the answers came very quickly. I also at first thought the time was a challenge but in a real-life scenario we do not have endless time in an emergency, so I did feel like it helped me critically think quicker. For preparation for the next case, I think I just need to take my time and figure out what I need to do as a provider with the case being presented. The first time I felt I was just doing like administering a nebulizer treatment when not needed. Moving forward, using my critically thinking skills and moving a little slower will ensure I provide the accurate and needed actions for my patient.

2. Based on the patient's chief complaint, identify 3 diagnoses that you considered in the initial differential. Explain why.

There were several diagnoses I was considering in the initial differential; they are as followed:

I. Anaphylaxis: I thought this diagnosis because the patient had hives on the lower extremities and stated she could not catch her breath. Her oxygen saturation on room air was low 90's. After giving epinephrine, the patient stated she was feeling somewhat better.
II. Asthma exacerbation: I thought this diagnosis because the patient's oxygen saturation on room air was low 90's and maintained 94 on 4L and she was unable to catch her breath. On auscultation, wheezing was heard.
III. Respiratory infection: I thought this diagnosis because the patient's low oxygen saturation on room air, wheezing throughout her lung fields, and statement of shortness of breath. The patient was also tachycardia. All of these symptoms are what can be found in respiratory infections.
IV. Panic attack: Panic attacks can be mistaken for respiratory conditions due to the similarity in symptoms. I initially thought this diagnosis because the patient had tachycardia, tachypnea and shortness of breath. There was also a constricted chest. This diagnosis I did rule out early on after revealing the wheezing during the lung exam.