

This Section will be completed at Simulation Lab when you receive your patient's chart prior to the scenario. Do not complete before your scenario.

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
WNL	WNL	WNL	WNL	WNL	WNL	98 ^{hr} 98 84 110 138/80	

Focused OB Assessment						
Time	Contractions	Emotional/Psyche	Fetal Assessment	Labor Stage/phase	Pain/Plan	Vaginal exam
0830	Freq. 2-5 min Dur. 40-60 sec Str. Mod-Strong	Anxious/ Restless	FHR 140 Var. Mod Accel. YES Decel. NO TX. VE	1st stage Active	4/10	Dil. 5-6 Eff. 95% Sta. 0 Prest.
1015	Freq. Inc as Dur. progressed Str.	Tired, Restless Nauseous	FHR 160 Var. Mod Accel. YES Decel. NO TX.	1st Stage Transition	7/10	Dil. 8 Eff. 100 Sta. +1 Prest.
1130	Freq. Dur. Delivery Str.	"I have to push"	FHR Var. Accel. Decel. TX. } delivered baby	2nd stage		Dil. 10 Eff. 100 Sta. +3 Prest.
	Freq. Dur. Str.		FHR Var. Accel. Decel. TX.			Dil. Eff. Sta. Prest.

EVALUATION of OUTCOMES – to be completed AFTER scenario.

1. Which findings have you collected that are most important and need to be noticed as clinically significant?

Most Important Maternal Assessment Findings	Clinical Significance
Mother's pain	If mom is hurting or anxious during labor it can worsen labor
Most Important Fetal Assessment Findings	Clinical Significance
Monitor for SIs of infection	Due to mom being (Group B strept+).

2. After implementing the plan of care, interpret clinical data at the end of your shift to determine if your patient's condition has improved, has not changed, or has declined.

Most Important Data	Patient Condition		
	Improved	No Change	Declined
Patient delivered baby w/ no complications	✓		

3. Has the patient's overall status improved, declined, or remained unchanged during your shift? If the patient has not improved, what other interventions must be considered by the nurse?

Overall Status	Additional Interventions to Implement	Expected Outcome
Improved	Continue to monitor for s/s of PPH. Monitor for firm fundus. Ensure pt is voiding Q2	No bleeding, firm fundus and bonding w/ newborn.

End of shift SBAR to oncoming nurse (the observers for your scenario)

Situation	Pt delivered a baby girl with no complications.
Background	Allergy: Penicillin Code status: Full 24yo G2 P2 Group B strep (+), O positive, Rubella immune. Hx of asthma controlled w/ meds.
Assessment	Concerned for risk of PPH w/ infection. Will need second dose of clindamycin for Group Group B strep.
Recommendation	Continue to monitor & admin 2nd dose of antibiotic and prepare for discharge