

**This Section is to be completed in the Sim center- do not complete before!**

Time:		Focused OB Assessment					
VS	Contractions	Vaginal exam	Fetal Assessment	Labor Stage/phase	Pain Plan	Emotional	Other
T: 99.4 HR: 102 R: 18 BP: 138/88 O2: 95%	Freq. 1-2 mins Dur. 60-105 sec Str.	Dil. 10 Eff. 100% Sta. 2x Pres. BOW	FHR 128 Var. ✓ Accel. Decel. TX.	Active Phase II	Administer meperidine	refer mom/family to social services	
Time:		Focused Postpartum Assessment					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
					Bladder Fundal loc Tone Lochia		
Time:		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
✓	✓	✓	✓			✓	

**EVALUATION of OUTCOMES - Complete this section 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
Hard like abdomen	Placenta abruption
Most Important Fetal Assessment Findings	Clinical Significance
Fetal heart rate non reassuring	fetus insufficient blood flow to fetus

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
Mom in pain		✓	
Non reassuring FHR			✓
Vag exam → 10cm			✓
27 weeks gestation			✓

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	Administer pain & penicillin to Mom	<ul style="list-style-type: none"> <li>mom's pain level is at 2 or less</li> <li>mom does not have an infection from placenta abruption</li> </ul>

# Professional Communication - SBAR to Primary NURSE

## Situation

- Name/age Brittany SPEARS
- G3 P3 ABO L2 EDB / / Est. Gest. Wks: 27 weeks
- Reason for admission Active labor - placenta abruption

## Background

- Primary problem/diagnosis Pain - placenta abruption
- Most important obstetrical history birth to 2 week male in past - died at 3mo
- Most important past medical history did not obtain prenatal care
- Most important background data use of cocaine

## Assessment

- Most important clinical data: Pain, GBS unknown, use of cocaine
  - Vital signs T 99.1e HR 107 RR 14 BIP 130/90 or 95
  - Assessment Pain, FHR, and vaginal exam
  - Diagnostics/lab values WBC ↑, GBS unknown
- Trend of most important clinical data (stable - increasing/decreasing)
- Patient/Family birthing plan? Epidural
- How have you advanced the plan of care? obtained pain meds
- Patient response Active labor - born to baby
- Status (stable/unstable/worsening)

Stable

## Recommendation

- Suggestions for plan of care
- Administer pain meds along w/ Penicillin for GBS status
- Watch for hemorrhage/signs of infection

the only O2 administered

IV site LA 19 gauge

IV Maintenance LR

IV Drips 105 ml/hr

Anesthesia Local / Epidural / Spinal / General

Episiotomy N/A Treatment N/A

Incision N/A Dressing N/A

Fundus Location Firm / Boggy

Pain Score High Treatment meperidine

Fall Risk/Safety Fall RISK - fall bundle

Diet regular

Last Void Last BM

Intake Output:

## Notes: