



## Surgery or Invasive Procedures – *LEAVE BLANK if this does not apply to your patient*

Describe the procedure in your own words.

Procedure

## Surgery/Procedures Problem Recognition – *LEAVE BLANK if this does not apply*

To prevent a complication based on the procedure, answer each question in the table below.

Question	Most Likely Maternal Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
Identify the most likely and worst possible complications.				
What interventions can prevent them from developing?				
What clinical data/assessments are needed to identify complications early?				
What nursing interventions will the nurse implement if the anticipated complication develops?				

## Pharmacology

New drugs ordered during scenario must be added before student leaves the simulation center for the day.

Medications	Pharm. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/Nursing Responsibilities

## Nursing Management of Care

1. After interpreting clinical data collected, identify the nursing priority goal for your shift and **three priority interventions specific for your patient's possible complications (listed on page one)**. For each intervention write the rationale and expected outcome.

<b>Nursing Priority</b>	Open up baby's airway and allow adequate breathing	
<b>Goal/Outcome</b>	adequate oxygenation	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Respiratory Assessment	1. To recognize any changes in respirations, lung sounds, and O <sub>2</sub> saturation	1. Baby will have clear lung sounds, and an O <sub>2</sub> sat of 95%
2. Surfactant replacement	2. Replacing artificial surfactant that the baby is lacking, to help open and close lungs properly	2. Baby is able to breathe easily, with no complication
3. Mechanical Ventilation	3. Assist with breathing	3. Baby will be weened off of ventilator, and be able to breathe on their own

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	✓					✓	

**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
	Freq. Dur. Str.	Dil. Eff. Sta. Prest. BOW	FHR Var. Accel. Decel. TX.				
Time:		Focused Postpartum Assessment					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
					Bladder Fundal loc Tone Lochia		
Time: 1100		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
T: 96.8 RR: 52 HR: 194 O2: 94% RA		RR: 52 grunting on auscultation					

**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
Most Important Fetal Assessment Findings	Clinical Significance
· Poor oxygenation	· Baby is grunting, and now placed on NRB · Cyanosis present

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
↑ WBC, Hgb, Hct. Tachypneic + grunting. Skin is mottled. Temp is ↓			✓

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
Declined	Mechanical Ventilation warmer for thermoregulation	baby will be transferred to NICU

# Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age <u>Baby girl Jones 1hr of age</u></li> <li>G P <u>AB L</u> EDB <u>01/21/2025</u> Est. Gest. Wks.: <u>39 wks</u></li> <li>Reason for admission <u>Respiratory distress, inability to stabilize temp</u></li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis <u>Respiratory Distress</u></li> <li>Most important obstetrical history <u>GBS +</u></li> <li>Most important past medical history <u>Hx of asthma</u></li> <li>Most important background data <u>SROM</u></li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:                             <ul style="list-style-type: none"> <li>Vital signs <u>HR: 151, RR: 52, O2: 96% RA, Temp: 96.9°F</u></li> <li>Assessment <u>Respiratory</u></li> <li>Diagnostics/lab values <u>high WBC count</u></li> </ul> </li> <li>Trend of most important clinical data (stable - increasing/decreasing) <u>↑ WBC, ↓ Hgb, ↓ Hct</u></li> <li>Patient/Family birthing plan? <u>vaginal delivery, plan to go home after bc</u></li> <li>How have you advanced the plan of care?</li> <li>Patient response <u>placed NRS on pt, temp is still unstable, pt is now moaned and grunting</u></li> <li>Status (stable/unstable/worsening) <u>Worsening- draw CBC to test for possible sepsis</u></li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care <u>Call HCP to plan for admission to NICU, put baby under warmer for temperature stabilization, continue to monitor labs</u></li> </ul>

the copy \_\_\_\_\_

IV site \_\_\_\_\_

IV Maintenance \_\_\_\_\_

IV Drips \_\_\_\_\_

Anesthesia Local / Epidural / Spinal / General

Episiotomy \_\_\_\_\_ Treatment \_\_\_\_\_

Incision \_\_\_\_\_ Dressing \_\_\_\_\_

Fundus Location \_\_\_\_\_ Firm / Boggy \_\_\_\_\_

Pain Score \_\_\_\_\_ Treatment \_\_\_\_\_

Fall Risk/Safety \_\_\_\_\_

Diet Breastmilk

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_

## Notes:

Notify security of any visitors.  
Code Pink was called at 1100 on the "friend" of Ms. Jones. Possible Abduction