

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
128 152 86 95 HR 84 94 RR 22 O ₂ 96 Temp 98.8	Freq. 2 min. Dur. 70 sec Str. 70 mmHg.	Dil. 10cm. Eff. 100% Sta. - Prest. - BOW -	FHR 151. Var. moderate. Accel. average Decel. - TX. -	second stage (delivery)	meperidine administered for pain	spouse present in room	-

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
Full dilation	Mom was ready for delivery and we ended up delivering baby.
Most Important Fetal Assessment Findings	Clinical Significance
FHR	Was within normal range. Baby was not in distress.

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
Vital signs Pt delivered healthy baby.	✓	✗	
Normal vital signs		✓	

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.	Monitor mom's vital signs for complications because of precipitous labor Monitor baby for complications because mom tested positive for group B strep.	Normal vital signs. Normal assessment and vital signs.

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Alice Jones 24 y/o
- G2 P1 ABO L1 EDB 3/27/XX Est. Gest. Wks.: 39 wks
- Reason for admission SROM, early labor

Background

- Primary problem/diagnosis SROM, early labor
- Most important obstetrical history Denies any complication with previous pregnancy
- Most important past medical history Hx of asthma.
- Most important background data Group B strep positive.

Assessment

- Most important clinical data:
 - Vital signs Normal vital signs. Pain 4 out of 10. Gave meperidine 85 mg IVP
 - Assessment Vaginal exam progressed to full dilation. Delivered a baby?
 - Diagnostics/lab values group b strep positive. Hang clindamycin IVPB
- Trend of most important clinical data (stable - increasing/decreasing)
- Patient/Family birthing plan? dim lights, music playing, natural birth
- How have you advanced the plan of care? gave medicine (abx, pain medicine) allergic to penicillin.
- Patient response stable.
- Status (stable/unstable/worsening) stable

Recommendation

- Suggestions for plan of care
 - Monitor mom's vital signs b/c precipitous labor.
 - Monitor baby for complications.

O2 therapy _____

IV site clean dry and intact 18g left side.

IV Maintenance LR 125 ml/hr

IV Drips _____

Anesthesia Local / Epidural / Spinal / General

Episiotomy _____ Treatment _____

Incision _____ Dressing _____

Fundus Location _____ Firm / Boggy

Pain Score _____ Treatment _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes:

Oxytocin 6 ml/hr. 30 u / 500 ml

meperidine 25 mg abx → clindamycin 900 mg

Check vital signs / FHR 10 ml/hr

Vaginal exam Oxytocin

ask if nauseous