

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Baby Jones
- G P AB L EDB 4/16/25 Est. Gest. Wks.:
- Reason for admission Birth vaginally

Background

- Primary problem/diagnosis resp. distress / hypoglycemia / hypoxia
- Most important obstetrical history GBD + maternal possible infection
- Most important past medical history
- Most important background data

Assessment

- Most important clinical data:
 - Vital signs O₂ sat at 90% RA
 - Assessment 5/5 resp distress
 - Diagnostics/lab values WBC 29,000 ~~pass~~, blood cultures
- Trend of most important clinical data (stable increasing/decreasing) ↓ O₂ sat ↑ resp work
 ↳ both ↑
- Patient/Family birthing plan?
- How have you advanced the plan of care? put on 30% O₂, sucrose water ↑ blood sugar
- Patient response 95% O₂ with O₂, ~~was~~ 36 ~~was~~ glucose level
- Status (stable unstable worsening)

Recommendation

- Suggestions for plan of care
 - continue to monitor O₂ sats + resp work
 - education for parents on NICU and resources since they live out of town
 - lactation help
 - monitor blood sugar levels

O2 therapy 30% O₂

IV site _____

IV Maintenance _____

IV Drips _____

Anesthesia Local / Epidural / Spinal / General

Episiotomy _____ Treatment _____

Incision _____ Dressing _____

Fundus Location V/U Firm Boggy

Pain Score _____ Treatment _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: • Transfer meds to NICU

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
96% 58 breath 154 HR 60/40	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:		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
96% 58 breaths 154 hr 60/40		resp distress grunting Nasal flaring				cyanotic	

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
slight lochia	•bleeding however not concerning expected outcome after delivery
Most Important Fetal Assessment Findings	Clinical Significance
Resp Distress	•resp distress and O ₂ dropping to 90% RA possibly caused by poor thermo regulation

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
Resp distress	✓		
Temp	✓		
Blood Sugar	✓		

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 blood sugar slight improved temp & resp.	Need for NICU to assist with breathing and temp regulation for continuous monitoring until patient stabilizes	•baby stabilizes until resp & temp start to improve.