

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. 2 min Dur. 70 sec Str. 70	Dil. 10 cm Eff. 100 Sta. 2 Prest. vertex BOW	FHR 138 Var. marked Accel. ✓ Decel. early TX.	Stage 2	6/10		
Time:		<del>Focused Postpartum Assessment</del>					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
					Bladder Fundal loc Tone Lochia		
Time:		<del>Focused Newborn Assessment</del>					
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
Patient did not get 2 doses of antibiotics	mom could get infection & become septic
Most Important Fetal Assessment Findings	Clinical Significance

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
Progression of labor	✓ <del>changed</del>		
Pain		✓	
Placenta delivery	✓		
NO S/S from antibiotics (asthma) -no allergic reaction	✓		

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 b/c baby was delivered by antibiotics administered	- Assess for lacerations & bleeding - fundal massage - monitor vitals - administer antibiotics - increase oxytocin.	- no hemorrhage - no sepsis - vitals are stable

# Professional Communication - SBAR to Primary NURSE

## Situation

- Name/age Alice Jones, 24
- G 2 P AB L EDB / / Est. Gest. Wks.: 39 wks
- Reason for admission SRDM

## Background

- Primary problem/diagnosis: SRDM, GBS+, vaginally delivered
- Most important obstetrical history Prenatal care at 10 wks, G2, P2, L2, delivered vaginally on both
- Most important past medical history Hx of asthma, Allergic to PCN, GBS+, O+ blood type
- Most important background data ~~Hx of asthma, allergic to PCN~~

## Assessment

- Most important clinical data:
  - Vital signs: HR: 94 BP: 152/95 RR: 22 O<sub>2</sub>: 96 Temp: 98.7°
  - Assessment: ~~normal~~ Lung sounds CTA, O<sub>2</sub>: 96, normal HR R<sub>2</sub>R
  - Diagnostics/lab values: GBS+
- Trend of most important clinical data (stable - increasing/decreasing) vs are stable, BP is elevated
- Patient/Family birthing plan? Natural birth other than dose of meperidine
- How have you advanced the plan of care? Got father out of room so pt could get <sup>pain</sup> meds
- Patient response: ~~no~~ hopefully pain decrease
- Status (stable/unstable/worsening)

## Recommendation

- Suggestions for plan of care: Assess for bleeding  $\frac{1}{2}$  fundal massage, pain management, tx for GBS

O2 therapy none

IV site Left AC IV

IV Maintenance 125 mL/hr LR

IV Drips Oxytocin ~~50~~ 5 mU/min

Anesthesia Local / Epidural / Spinal / General

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

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

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

Pain Score 6/10 Treatment meperidine 25mg IVP

Fall Risk/Safety yes, 2

Diet \_\_\_\_\_

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

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

## Notes:

Clinدامycin IVPB 900 mg 30 min  
500 mL