

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. 2-3min Dur. 20 sec. Str.	Dil. 7cm Eff. 90% Sta. Prest. BOW	FHR 140 Var. ✓ Accel. ✓ Decel. ✓ TX. IUR - birth	Stage 1 - active stage Stage 2	10/10 - natural birth but administered meperidine	nervous overwhelmed	
Time:		Focused Postpartum Assessment					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
					Bladder Fundal loe Tone Lochia	cle	pain
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
her cervical dilation increased & effacement contractions closer and stronger	mom was in active labor / distress - implemented IUR & deliver baby
Most Important Fetal Assessment Findings	Clinical Significance
baby experienced accel late	distressing FHR we need to act w/ IUR & deliver baby

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
FHR came back normal w/ IUR - delivered w/out comp.	✓		
mom's pain			✓
mom's vital signs - prior to delivery w/ IUR	✓		

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
my pt started out fine until oxytocin overload. improved drastically w/ IUR & delivery	mom wanted a natural childbirth but we administered pain meds to help gave her emotional support and calm environment removed over stimulating family	pain decreased - calmed / relaxed mom

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> Name/age Alice Jones, 24 yr 0 G 2 P 2 ABO L2 EDB 3 / 27 / XX Est. Gest. Wks: 31 wks Reason for admission PROM - early birth
Background
<ul style="list-style-type: none"> Primary problem/diagnosis PROM - early birth Most important obstetrical history previous birth LBW baby Most important past medical history GBS+; hx asthma - controlled w/ medication; O+ Most important background data allergic to penicillin; Full code; Strained relationship w/ baby's father
Assessment
<ul style="list-style-type: none"> Most important clinical data: vital signs - stable baby - stable born w/out complications <ul style="list-style-type: none"> Vital signs mom + baby stable Assessment fundus firm Diagnostics/lab values GBS+ (mom) Trend of most important clinical data (stable - increasing/decreasing) increasing, stable Patient/Family birthing plan? calm, quiet envir. no drugs if possible; family at bedside How have you advanced the plan of care? we implemented her environment; gave non-pharm. pain relief Patient response she decided pain meds would be needed - admin meperidine Status (stable/unstable/worsening) stable
Recommendation
<ul style="list-style-type: none"> Suggestions for plan of care <ul style="list-style-type: none"> continue monitoring baby continue monitoring mom for PP hemorrhage, pain, baby bonding follow up assessment w/ relationship w/ dad - IPV give resources as needed

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IV site LA 18 G

IV Maintenance LR-125ml/hr

IV Drips Oxygen paused - IUR

Anesthesia Local / Epidural / Spinal / General none

Episiotomy / Treatment /

Incision / Dressing /

Fundus Location (Firm) Boggy

Pain Score 7 Treatment meperidine 25g IVP

Fall Risk/Safety Fall Risk - post birth

Diet Full

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: