

This Section is to be completed in the Sim center- do not complete before!

Time:							
VS	Contractions	Vaginal exam	Fetal Assessment	Focused OB Assessment			
	Freq. Dur. Str.	Dil. Eff. Sta. Prest. BOW	FHR Var. Accel. Decel. TX.	Labor Stage/phase	Pain Plan	Emotional	Other
Time:							
VS	CV	Resp	Neuro	GI	Focused Postpartum Assessment		
					GU/Fundal	Skin	Other
					Bladder Fundal loc Tone Lochia		
Time:							
VS	CV	Resp	Neuro	GI	GU	Skin	Other
HR: 168 BP: 60/38 RR: 64		O ₂ 90% apply 2L NC ↑ 75%	irritability			temp: 95.5	

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
saturated pad under mom	possible hemorrhage
Most Important Fetal Assessment Findings	Clinical Significance
blood glucose: 29 gave sucrose: ↑ to 35	blood sugar affects baby's temp & well being

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
blood glucose	minimally		
temp		X	
O ₂ sat = NC applied	X		

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	baby admitted to NICU per dr. orders, to help improve temp & blood sugar.	stable temp & blood sugar

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age: BB Williams
- G P A B L: EDB 8/10/17 X
- Reason for admission: delivered (vaginally)
- Est. Gest. Wks.: 38 3/7

Background

- Primary problem/diagnosis: hypoglycemia
- Most important obstetrical history: GDM
- Most important past medical history: GDM
- Most important background data: GDM

Assessment

- Most important clinical data:
 - Vital signs: RR: 29, tach 34, O₂@2L, NC-ZL = 96%
 - Assessment: temp, blood glucose, O₂ sat
 - Diagnostics/lab values: H&H
- Trend of most important clinical data (stable - increasing/decreasing): decreasing - admitted to NICU
- Patient/Family birthing plan?
- How have you advanced the plan of care? checking blood sugar, O₂ sat, temp, warmer
- Patient response: Administered O₂ - good, temp - not good, blood sugar - little improvement
- Status (stable/unstable/worsening): unstable

Recommendation

- Suggestions for plan of care: stabilize temp & blood sugar

O2 therapy NC @ 2L

IV site Ø

IV Maintenance Ø

IV Drips Ø

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:

IM6 Student Learning Outcomes

Safety & Quality	Clinical Judgment	Patient Centered Care	Professionalism	Communication & Collaboration
<i>Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.</i>	<i>Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.</i>	<i>Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.</i>	<i>Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.</i>	<i>Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.</i>

Safety & Quality: (OB SIM day 2); I was the nurse for Baby Boy Williams IDM/LGA, he was hypoglycemic when I checked his initial blood sugar. I gave him sucrose water to try and increase sugar and before administering Vit K and Hep B to help initiate the sucking action to help soothe him. Increased sugar from 29 to 35 but still not at a stable level, due to the low blood sugar baby's temperature was also low at 95.9 with nothing working to warm baby. Providing safety to baby boy is my main priority so I called the Dr. with my concerns, and we concluded admitting him to the NICU.

Clinical Judgment: (Labor and Delivery)

Patient Centered Care (Mom Baby)

Professionalism: (Parkridge Pregnancy Center)

Communication & Collaboration: (OB SIM day 1); In SIM I was able to assist in 2 deliveries, the first delivery our focus was delivering the baby due to late decelerations occurring from increasing the Oxytocin too rapidly. The other delivery was based on an overbearing partner, he was telling mom what she needed and what she didn't need, so our main priority was advocating for the mom. We worked together to come up with the best resolution to the problems with the deliveries. As the nurses we had to divide some tasks to help to achieve the best environment for delivery.