

Time: 00:00		Focused OB Assessment					
VS	Contractions	Vaginal exam	Fetal Assessment	Labor Stage/phase	Pain Plan	Emotional	Other
HR: 102 BP: 138/88 RR: 18 O ₂ : 95%	Freq. 2 min Dur. 60 Sec Str. 40mmHg	Dil. 8cm Eff. 100% Sta. Prest. BOW	FHR 40 Var. Accel. Subtle Decel. Subtle TX stimulation Oxygen	Stage 1 Phase active	do not remember	Do not remember	
Time:		Focused Postpartum Assessment				was not part of Scenario	
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
					Bladder Fundal loc Tone Lochia		
Time:		Focused Newborn Assessment				was not part of Scenario	
VS	CV	Resp	Neuro	GI	GU	Skin	Other

EVALUATION OF OUTCOMES -

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
Recent history of drug abuse	causes issues with birth and baby health
Most important Fetal Assessment Findings	Clinical Significance
Not breathing	can lead to death if care is not provided

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
Poor Prenatal care	✓		
Baby condition	✓		
Mom emotional support & resources	✓		

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
I believe pt overall status was improved by the care my team & I provided		

Professional Communication - SBAR to Primary NURSE

Situation <ul style="list-style-type: none"> Name/age <u>Spears, Brittany</u> G <u>3</u> P <u>2</u> A <u>0</u> L <u>1</u> EDB <u>12/21/20</u> Est. Gest. Wks.: <u>36</u> Reason for admission
Background <ul style="list-style-type: none"> Primary problem/diagnosis <u>Abdominal pain</u> Most important obstetrical history <u>Poor Prenatal Care</u> Most important past medical history <u>None G3 P2 T1 A0 L1</u> Most important background data <u>Recent drug use history</u>
Assessment <ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs HR <u>102</u> BP <u>138/88</u> RR <u>18</u> O₂ <u>95%</u> Assessment <u>Fetal & vaginal</u> Diagnostics/lab values <u>TG.5 WBC ↓ Hgb 10.5</u> Trend of most important clinical data (stable - increasing/decreasing) <u>increased contractions low baby O₂</u> Patient/Family birthing plan? <u>No plan was set</u> How have you advanced the plan of care? <u>Comfort measures were taken & emotional support provided</u> Patient response <u>Pain was managed Emotional Support was received positive response</u> Status (stable/unstable/worsening) <p style="margin-left: 40px;"><u>Stable</u></p>
Recommendation <ul style="list-style-type: none"> Suggestions for plan of care <p style="margin-left: 40px;"><u>Continue to monitor vs get case management to assist with external resources</u></p> <p style="margin-left: 40px;"><u>Continue comfort measures</u></p>

O₂ therapy 10 L Non rebreather

IV site R LFA

IV Maintenance 125 LR

IV Drips Pen G 5 million units

Anesthesia Local / Epidural / Spinal / General None

Episiotomy None Treatment None

Incision None Dressing None

Fundus Location Ab Umbilicus Firm / Boggly

Pain Score _____ Treatment _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: