

NAME: Wali Tahawart

DATE: _____

POST-CLINICAL REFLECTION OB Simulation Reflection - due on Thursday by 2359

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

| Reflection Question | Nurse Reflection |
|---|--|
| What feelings did you experience in clinical? Why? | I was very nervous but overall was a great experience. I was excited and grateful that my sim consisted of delivering a baby. Situations can change quickly, but I feel like it went great. |
| What did you already know and do well as you provided patient care? | How to perform Leopold Maneuvers, read a fetal heart strip, and provide adequate education on the NST. |
| What areas do you need to develop/improve? | I could have prioritized what I was doing better. For example, I was second guessing myself or when to hang the IV fluid. |
| What did you learn today? | I learned how to care for a patient during labor and immediate post partum period. |
| How will you apply what was learned to improve patient care? | I will focus on early recognition of complications to keep both mom and baby safe. I put the baby on top of mom's gown and should have placed baby directly on skin. |
| Please reflect on how your OB simulation learning experience assisted in meeting 2-3 of the Student Learning Outcomes. | <ol style="list-style-type: none">1. Safety and Quality - Adequately monitored mom's and baby's VS, contraction, and FHR. Correctly read the Fetal Heart Strip.2. Clinical Judgment - Recognized that the pt was in pain and stated "I felt like I just peed" indicating her membranes ruptured and I needed to do a VE and get her ready to push.3. |

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

| Focused OB Assessment | | | | | | | |
|-------------------------------|--|--|--|--------------------------|---|-------------------------|-----------------------|
| Time: | Contractions | Vaginal exam | Fetal Assessment | Labor Stage/phase | Pain Plan | Emotional | Other |
| Time: 0800 VS | Freq. 2-3 min Dur. 60 sec. Str. moderate | Dil. 10 cm Eff. 100% Sta. +1 Prest. cephalic BOW clear | FHR 150 Var. moderate Accel. present Decel. none TX. | Stage 2 pushing phase | - Tylenol - Left MOB | Anxious about C-section | 18g IV Left arm |
| Focused Postpartum Assessment | | | | | | | NA |
| Time: | CV | Resp | Neuro | GI | GU/Fundal | Skin | Other |
| VS | | | | | Bladder Fundal loc Tone Lochia | | |
| Focused Newborn Assessment | | | | | | | NA |
| Time: | CV | Resp | Neuro | GI | GU | Skin | Other |
| VS | | | | | | | |

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 |
|--|---|
| Shown - clear, no odor Fundus firm at umbilicus | - onset of active labor - ↓ risk of hemorrhage |
| Most Important Fetal Assessment Findings | Clinical Significance |
| FHR reassured before, during, after labor | adequate WAI being, O2 |

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 |
| Successful vaginal delivery | ✓ | | |
| Fundus firm, bleeding contained | ✓ | | |
| Newborn stable vital | ✓ | | |
| Mom stable vital | ✓ | | |

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 after delivery | Continue PP monitoring, pain control, assist with feeding, monitor lochia & fundus | Stable mother and newborn Normal recovery |

Professional Communication - SBAR to Primary NURSE

| |
|--|
| <p>Situation</p> <ul style="list-style-type: none"> Name/age Sarah Rogers, 23 yrs G 1 P 0 ABO L1 EDB / / Est. Gest. Wks.: 36 weeks Reason for admission - Baby is breech, need ECV, delivered baby |
| <p>Background</p> <ul style="list-style-type: none"> Primary problem/diagnosis - Baby is breech Most important obstetrical history - Breech at last visit Most important past medical history - No prior complications Most important background data - Pre-natal vitamins |
| <p>Assessment</p> <ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs - N/A Assessment - Fundus Firm at Umbilicus Diagnostics/lab values - N/A Trend of most important clinical data (stable - increasing/decreasing) Patient/Family birthing plan? N/A How have you advanced the plan of care? Fundal checks, perineal care, skin to skin Patient response - mom is doing good and bonding with baby Status (stable/unstable/worsening) stable |
| <p>Recommendation</p> <ul style="list-style-type: none"> Suggestions for plan of care Continue post partum assessments, monitor lochia and fundal tone, encourage breastfeeding and bonding, monitor newborn VS and feeding |

O2 therapy None

IV site Left arm 18g

IV Maintenance LR at 125 ml/hr

IV Drips None

Anesthesia Local / Epidural / Spinal / General

Episiotomy _____ Treatment _____

Incision _____ Dressing _____

Fundus Location Umbilicus (Firm / Boggy)

Pain Score 4/10 Treatment _____

Fall Risk/Safety Low

Diet Advanced as tolerated

Last Void _____ Last BM _____

Intake IV fluids Output: Adequate

Notes:

- Spontaneous Vaginal delivery
- Placenta delivered intact
- Fundus firm
- Mother and infant bonding -> skin to skin

Student Name: Alli Talamaltes

Additional Nurses Notes:

- Pt 31c breech
- Pt baby breech at 35 weeks
- Pt came her for ECV by provider
- Provider did ECV
- Pt had SROM - clear no odor
- Pt delivered Baby

Procedure Notes:

Circle Procedure Performed: Amino BPP NST CST US Labor Eval SROM Eval.
Version

Documentation for Invasive Procedure:

V/S prior to procedure @ 0800 T 111 B/P WNL P ↓ R ↓ FHR 150 bpm

Consent (if required) verified prior to procedure Yes No

Provider arrived @ 0830

Timeout @ 0830 prior to procedure by Baby delivery MD
Prithvi Nurse RN

Procedure started @ 0845

Procedure performed by Baby MD MD

Ultrasound by provided confirm:

1. Amniotic pocket - Amniotic fluid _____ ml obtained by provider specimen sent to lab @ _____
2. Fetal position
 - o Position Breech verified prior to version @ 0800
 - o Position cephalic verified after version @ 0830

Additional Notes is needed:

- Labor progressed to 10 cm dilation and 100% effacement
- Spontaneous Rupture of Membrane,
- Vaginal Delivery

Procedure ended @ 0840
Alli Talamaltes RN

Nurses Signature:

Alli Talamaltes

Student Name: _____

Professional Communication - SBAR to Primary NURSE

| |
|---|
| Situation <ul style="list-style-type: none">Name/age Sarah Meyer, 23 yrsG 1 P 1 T O P T 1 A B O L 1 M O E D B 1 1 Est. Gest. Wks.: 36 weeksReason for admission Breech breech → ECV → vaginal delivery |
| Background <ul style="list-style-type: none">Primary problem/diagnosis - Breech 15 weeksMost important obstetrical history - Breech at visit @ 35 weeksMost important past medical history - No prior complicationsMost important background data - Pre-natal vitamins |
| Assessment <ul style="list-style-type: none">Most important clinical data:<ul style="list-style-type: none">Vital signs - N/AAssessment - Fundus Firm at umbilicusDiagnostics/lab values N/ATrend of most important clinical data (stable - increasing/decreasing)Patient/Family birthing plan? N/AHow have you advanced the plan of care? Fundal checks, perineal care, bondingPatient response - mom is stable and bonding with babyStatus (stable/unstable/worsening) stable |
| Recommendation <ul style="list-style-type: none">Suggestions for plan of care<ul style="list-style-type: none">Continue post partum assessment, monitor lochia and fundal tone, encourage breastfeeding and bonding, monitor newborn VS and feeding |

O2 therapy None

IV site Left arm IV Maintenance LR @ 175 ml/hr

Pain Score 5 Treatment _____

Medications Given _____

Fall Risk/Safety Yes

Diet Advanced as tolerated

Last Void _____ Last BM _____

Intake IV fluid Output: _____

Notes:

- Spontaneous vaginal delivery
- Placenta delivered intact
- Fundus Firm
- Mother and infant bonding → skin to skin