Firelands Regional Medical Center

School of Nursing

Student Developed Simulation Scenarios

Directions: Students will be required to develop a scenario on a chosen topic related to the Maternal Child Nursing content taught throughout the semester. Faculty will be implementing the student developed scenarios on the day of the scheduled simulation. Students will be expected to perform a scenario in the simulation center that was developed by one of their classmates on the day of the simulation. Students will sign up to be in a group of 3-4 to develop a simulation scenario on the assigned topics. Please only include skills in the scenario that students have been taught in the curriculum already.

The scenario should be should be roughly 15 minutes in length. Students should use the attached storyboard and patient chart to develop their scenario. The group will need to submit the completed storyboard by **October 27, 2025 by start of class** via the Student Developed Scenarios drop box. You are required to wear your student uniform the day of the simulation. A group meeting to discuss how to write the scenario will be with your assigned faculty at the beginning of the semester on **September 8, 2025**. The first page of the Student Developed Scenario document will be due at the beginning of class in the Student Developed Scenarios Dropbox on **October 6, 2025**. The faculty will review the first page of the document and then contact you for a mid-semester checkpoint to discuss the progress of the scenario and answer any questions the group may have for the simulation. You should not proceed with completing the remainder of the document until contacted by your assigned faculty and given approval to continue onto the next step. Each group will be required to attend a facilitator meeting on **November 10, 2025** with either Kelly or Monica. This meeting will be to discuss the expectations and execution of your scenarios for the day of simulation. See the schedule for the time assigned to your group for both required meetings.

Students will vote on the best Student Developed Scenario and the chosen team will receive a prize.

During the debriefing process students will be expected to provide constructive feedback to their fellow students. Please be kind and considerate. Remember this is constructive feedback and not criticism. All students are expected to actively participate in the group debriefing.

The activity requirements and grading rubric are below. To be satisfactory for this experience you will need to score at least 77%. For any student not attending the day of simulation, credit will not be granted for the simulation time and will follow the Student Accountability Flow Sheet. This experience is worth 4 hours of simulation. Remember any missed simulation time needs to be made up hour for hour.

	Student Developed Simulation Scenario Rubric	Points	Total
1	In your group, develop a simulation scenario related to the assigned topic.	7	
2	Develop 2 questions to ask in debriefing related to your developed scenario. Questions should be specific and not simply what did you do well and how could you improve.	7	
3	Develop 2 questions NCLEX style questions with rationale related to the content in your developed scenario.	7	
4	Be creative and highlight the essential information to know about the assigned topic on the storyboard.	8	
5	Incorporate the core values of caring, diversity, excellence, integrity, and "ACE"- attitude, commitment, and enthusiasm throughout the group process.	8	
6	Complete initial meeting with assigned faculty on **September 8, 2025**.	10	
7	Page 1 of the document to Dropbox by 0800 on **October 6, 2025** and have mid-semester checkpoint with	10	

	faculty.		
8	Completed Storyboard submitted to the Student Develop Simulation Scenarios Dropbox on Edvance360 by **October 27, 2025 at start of class.**	10	
9	Complete facilitator meeting on **November 10, 2025**.	10	
10	Actively participates throughout the entire process (Development/day of simulation) including being present on the day of the Student Developed Scenarios **November 18, 2025**.	23	
	Total	100	

Schedule for Meetings on September 8, 2025

Time	Group	Faculty
1215-1245	**Gestational Diabetes**	**Monica**
	Pneumonia	**Rachel**
	Traumatic Brain Injury	**Brian**
	Newborn Hyperbilirubinemia	**Kelly**
+	**Preeclampsia**	**Monica**
	Sickle Cell Anemia	**Brian**
	Newborn Hypoglycemia	**Kelly**
	Communicable Disease	**Rachel**
1315-1345	**Uncomplicated Delivery**	**Monica**
	Glomerulonephritis	**Brian**

Schedule for Meetings on November 10, 2025

Time	Group	Faculty
1245-1300	**Gestational Diabetes**	**Monica**
	Pneumonia	**Kelly**
1300-1315	**Preeclampsia**	**Monica**
	Traumatic Brain Injury	**Kelly**
1315-1330	**Uncomplicated Delivery**	**Monica**
	Sickle Cell Anemia	**Kelly**
1330-1345	**Newborn Hyperbilirubinemia**	**Monica**
	Glomerulonephritis	**Kelly**
1345-1400	**Newborn Hypoglycemia**	**Monica**
	Communicable Disease	**Kelly**

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Student Developed Scenario Schedule
November 18, 2025 0900-1500

Time	Group
0900-0910	Orientation to day
0910-0925	Gestational Diabetes
0925-0940	Pneumonia
0940-1000	Debriefing/Feedback
1000-1015	Preeclampsia
1015-1030	Traumatic Brain Injury
1030-1050	Debrief/Feedback
1050-1130	BREAK
1130-1145	Uncomplicated Delivery
1145-1200	Sickle Cell Anemia
1200-1215	Debrief/Feedback
1215-1230	Newborn Hyperbilirubinemia
1230-1245	Glomerulonephritis
1245-1300	Debrief/Feedback
1300-1320	BREAK
1320-1335	Newborn Hypoglycemia
1335-1350	Communicable Disease
1350-1405	Debrief/Feedback
1405-1500	NCLEX Questions, Scavenger Hunt, Comprehensive Sim Orientation, SDS Winners

Student Developed Simulation Scenario Storyboard	

Identified Problem/Scenario Topic and Related Resources:
 	
• Lewis's Medical Surgical Nursing
   - Chapter 30, page 599-604, table 30.7-8
• Safe Maternity and Pediatric Nursing Care
   - Chapter 15, page 224, 244, 240 table 15.1
   - Chapter 30, page 533-535, table 30.2
   - Chapter 30, page 534
• Skyscape Davis's Drug Guide for Nurses
 	
Respiratory distress due to aspiration pneumonia.
	Scenario Key Points:
	• Demonstrates the understanding of the pathophysiology of aspiration pneumonia.
	
	• Accurately identifies signs and symptoms of respiratory distress based on assessment findings.
	
	• Performs appropriate and timely interventions for a newborn in respiratory distress.
	
	• Recognizes when to call the HCP and use the CUS communication tool.
	
	• Safely administers the correct medication(s) with accurate dosage.

Case Summary: A four-day old newborn baby girl was admitted to the NICU due to showing signs and symptoms of respiratory distress. She was delivered vaginally at 37 weeks and 3 days old. At delivery mom's amniotic fluid was noted to be a green tinged color and foul smelling. It was documented that the newborn had aspirated on meconium in utero right before delivery. The baby girl currently weighs 7lbs 10oz and is breastfeed. She is currently febrile, tachypneic, has excess mucous, labored breathing, gargled cry, intercostal retractions, a cough, and crackles auscultated upon assessment.	**Expected Interventions of Students: (Minimum of 5 required.)** • Obtain a full set of vital signs. • Perform focused respiratory assessment. • Suction or clear airway secretions as needed. • Administer oxygen via nasal cannula as ordered. • Call healthcare provider PRN to obtain medication orders. • Receive orders and verify with HCP. • Administer the correct medication and dose as ordered. • Initiate droplet precautions (surgical mask)
Supplies: • Thermometer • Pulse Oximeter • Heart Monitor (already on pt) • Warmer (pt laying in) • Nasal Cannula • Bulb Syringe • Medication Syringe	

Medications: (Include drug name, dosage, route, and concentration for scenario)
• Order: Oxygen via nasal cannula set at 1L to maintain oxygen saturation 94%+ and PRN (already in MAR).
 	
• Order: Amoxicillin 20 mg/kg/day q12h PO divided into two doses (verbal order given when HCP is called).
 	
   Supply: Amoxicillin 400mg per 5mL q12h PO
   (Per dose: 0.4mL)
 	
• Order: Acetaminophen 10 mg/kg q6h and PRN PO
 	
   Supply: Acetaminophen 160 mg per 5 mL
   (Per dose: 1.1 mL) (already in MAR)
	Support Person: (Only complete if you want a support person)
	
	Who is the person to the patient?
	First time anxious mom.
	
	Questions/Responses for Support Person:
	Anxious questioning regarding newborns' health and care.

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NCLEX Questions

1. **A newborn is admitted to the NICU demonstrating signs of respiratory distress. Which finding is most concerning and requires immediate intervention?**
    a. Periods of apnea lasting 23 seconds
    b. Respiratory rate 58
    c. Lung sounds identified as crackles
    d. Temperature of 99 degrees

    Answer: a. Periods of apnea lasting 23 seconds

    Rationale: While crackles are concerning, this can be normal for a newborn within the first 24 hours after birth. Periods of apnea lasting longer than 20 seconds would take priority and require immediate intervention to prevent further life-threatening complications. The Safe Maternity and Pediatric Nursing Care textbook supports this in chapter 15, page 244. A respiratory rate of 58 and temperature of 99 degrees are within normal limits and would not require further evaluation at this time. This is supported by chapter 14, page 240, table 15.1 in the Safe Maternity and Pediatric Nursing Care textbook.

2. **Which of the following is an expected sign of pneumonia in a newborn?**
    a. Warm pink skin
    b. Loud cry
    c. Adventitious breath sounds
    d. Capillary refill less than 3 seconds

    Answer: C. Adventitious breath sounds

    Rationale: A newborn expressing adventitious breath sounds such as crackles, nasal flaring, and tachypnea, may indicate fluid in the lungs. While this can be a normal finding directly after birth, persistent adventitious breath sounds can indicate that the complication of pneumonia is present. This is supported in the Lewis's Medical-Surgical Nursing 12th edition textbook, chapter 30, pages 599-604. A newborn with warm pink skin, loud cry, and a capillary refill of less than 3 seconds is within normal limits. This is supported throughout chapter 15 in the Safe Maternity and Pediatric Nursing Care textbook.

Debriefing Questions:
1. Was the health care provider called, if so, why?

2. Why was Amoxicillin ordered for this patient?

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Case Flow (15-20 Minute Simulation Time)

Initiation of Scenario:												

Patient statements: Mom states "my baby is dying" "is she going to be okay" "what's going on"

Vital Signs	T	100.4	HR	170	RR	70	BP	NA	SpO2	88%	Pain	6/10	BS	46

Cardiac	Cap refill >3seconds
Respiratory	Grunting, intercostal retractions, wet cough, crackles
Neuro	Weak Gargled cry
Skin	Central cyanosis
GI	BS active x4
GU	NA
Other	NA

Patient changes during scenario:

Patient statements: Mom is still anxious; provide reassurance and education.

Vital Signs	T	99.9	HR	160	RR	60	BP	NA	SpO2	94%	Pain	3/10	BS	48

Cardiac	Cap refill less than 3 seconds
Respiratory	Wet cough, crackles,
Neuro	Mild cry
Skin	Acrocyanosis
GI	BS active x4
GU	NA
Other	NA
New Patient Orders	New patient orders would be after the first set of VS. this includes amoxicillin and droplet precautions.

End of Scenario:

Patient statements: Mom is no longer anxious due to the positive change in newborns condition.

Vital Signs	T	98.6	HR	130	RR	40	BP	NA	SpO2	96%	Pain	2/10	BS	50

Cardiac	WNL
Respiratory	WNL
Neuro	Strong cry
Skin	pink
GI	WNL
GU	WNL
Other	NA

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Patient Report: A four-day old newborn admitted to the NICU for respiratory distress. She was delivered vaginally at 37 weeks and 3 days old. Newborn had aspirated on meconium in utero right before delivery. The baby girl currently weighs 7lbs 10oz and is breastfed. Her last vital signs were temp 100 Fahrenheit, HR 165, RR 66, sp02 90. She has acrocyanosis, gargled cry and wet cough. We did a sputum culture and results are pending. Notify HCP if vital signs worsen.

Additional information, Medical History:

Patient data: **Taylor Tot**

DOB: 1/14/25

MR#: 0000xxxx

Prior medical history: Meconium aspiration

Allergies: NKDA

Social history: N/A

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Firelands Regional Medical Center
Sandusky, Ohio
Physician's Orders

NAME: Taylor Tot	STATUS: SIGNED
DATE ORD: XX/XX/XX	ROOM: H
ORD PHYS: Dr. Dunbar	MR#0000xxxx
ATTENDING: Dr. Dunbar	DOB: 11/14/25
AGE: 4 Days old	DATE: XX/XX/XX

Date/Time	
XX/XX/XX	Admit to NICU
	Diagnosis: Aspiration Pneumonia
	VS every hour
	Activity: bed rest
	Diet: breast milk
	I&O: hourly
	IV: NA
	Medications: See MAR
	Other: Droplet precautions
	Dr. Dunbar

Start Stop	Medication	Time	TODAY XX/XX/XXXX
XX/XX/XXXX	**Name Route How Often**	___7:00____	
XX/XX/XXXX	Trade: Oxygen		
Active Acknowledged	Administer: 1L NC PRN		
	Instructions: (maintain 02 sat 94% and above)		
XX/XX/XXXX	**Name Route How Often**	___7:00____	
XX/XX/XXXX	Trade: Amoxicillin		
Active Acknowledged	Administer: 20mg/kg q12h PO Supply: Amoxicillin 400mg/5ML q12hr PO		
	Instructions: N/A		
XX/XX/XXXX	**Name Route How Often** Trade: Tylenol	____7:00___	
XX/XX/XXXX			
Active Acknowledged	Administer: 10mg/kg q6h and PRN PO Supply: Tylenol 160mg/5mL PO		
	Instructions: For pain >4 or fever greater than or equal to 100.4_____		
XX/XX/XXXX	**Name Route How Often**	____7:00___	
XX/XX/XXXX	Trade: ____NA_____		
Active Acknowledged	Administer: _NA_____		
	Instructions: ____NA_____		
XX/XX/XXXX	**Name Route How Often**	___7:00____	
XX/XX/XXXX	Trade: _____NA__		
Active Acknowledged	Administer: ____NA_____		
	Instructions: _____NA_____		

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Firelands Regional Medical Center
Sandusky, Ohio
LABORATORY

NAME: Taylor Tot   STATUS: SIGNED
DATE ORD: XX/XX/XX   ROOM: H
ORD PHYS: Dr. Dunbar
ATTENDING: Dr. Dunbar   DOB: 11/14/25
AGE: 4 days old   DATE: XX/XX/XX

HGB/HCT	XX/XX/XX Admission	Reference Range
HGB	NA	
HCT	NA	

CMP	XX/XX/XX Admission	Reference Range
Na	NA	
CL	NA	
K	NA	
BUN	NA	
Creatinine	NA	
Blood Glucose	NA	
Blood pH	NA	

URINALYSIS	XX/XX/XX Admission	Reference Range
pH	NA	
Specific Gravity	NA	
Glucose	NA	
Protein	NA	
Blood	NA	
Ketones	NA	
Nitrite	NA	
Leukocyte esterase	NA	
Clarity	NA	
Color	NA	

SPUTUM culture came back positive for pneumonia.

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IMAGING DEPARTMENT

NAME: NA	STATUS: NASIGNED
DATE ORD: XX/XX/XX	ROOM: NA
ORD PHYS: NA	MR#
ATTENDING: NA	DOB: NA_____
AGE:__NA_years old	DATE:
NAXX/XX/XX	

CLINICAL DATA/Reason for Test: NA

X-ray: NA

IMPRESSION: NA

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