

Simulation #2 Shoulder Dystocia

Amanda Toole

Noticing:

Explain the patient's background.

The patient is a 24 -year-old first time mom, G1-T0-P0-A0-L0. She was admitted to OB floor at 1900 for induction of labor by Pitocin. She 40 weeks and 5 days gestation. She has gestational diabetes controlled by diet. The patient is considered obese and has a 60lb weight during this pregnancy. The baby has been diagnosed with fetal macrosomia. Patient is negative for GBS.

What did you notice from the patient's background that guided your nursing care?

I noticed that the patient had a lot of the risk factors of shoulder dystocia such as fetal macrosomia, gestational diabetes, obesity, induction of labor and excessive weight gain. Having all these risk factors help to guide me to believe that she may have complications with shoulder dystocia while trying to deliver the baby.

What expectations did you have about the patient prior to caring for the patient?

The expectations I had prior to taking care of the patient was that she was at risk for having complications delivering the baby related to shoulder dystocia. The risk factors that lead me to believe this were fetal macrosomia, gestational diabetes, obesity, induction of labor and excessive weight gain.

What previous knowledge did you have that guided your expectations?

Previous knowledge I had that guided me to my expectations about the patient was the risk factors that lead me to believe it could be possible shoulder dystocia were fetal macrosomia, gestational diabetes, obesity, induction of labor and excessive weight gain.

Interpreting:

Interpret the data (labs, diagnostics, background, information from report, orders, and medications) that you had about this patient.

Nubain was given for pain. Vit K was given to the baby because it helps promote blood clotting. Erythromycin ointment is given to protect the babies eyes from infection,

Explain how you chose your particular course of action for the patient:

After learning her background, we knew our first priority was a full head to toe assessment, a set of vital signs, and a blood sugar. We also knew we needed to hook her up to the FHR and external monitor to keep an eye on contractions and fetal heart rate. We gave her Nubain for pain she did not want an epidural. Once we realized that the baby was stuck so to speak due to shoulder dystocia we called the doctor to give us orders on what to do next. She gave us orders to try the McRoberts position, then we tried the suprapubic pressure, we also tried internal rotation and removal of the posterior arm and rotate patient on hands and knees. The baby was finally delivered safely. Our patient delivered a healthy baby girl with no complications related to shoulder dystocia.

Responding:

Explain how you prioritized your nursing care (interventions) based on your interpretation of the patients data:

We prioritized by starting with assessing the patient. We assessed her VS, head to toe assessment, blood sugar. We hooked up the external monitor to monitor the contractions and FHR. Administered meds as ordered in both scenarios. We were there for emotional support and called her spouse. Once the baby was delivered we continued to work as a team. We each went into different roles once the baby was born. Pam took the baby and assessed her, did APGAR score, gave Vitamin K with mom consent, put Erythromycin Ointment on each eye. Kasey stayed with the mom to assist with delivery of the placenta, assessed the mom. I stayed in communication with both of them and documenting everything they were telling me.

Describe your communication with your patient and peer:

I think our communication as a team was amazing. We worked together well without showing any signs of stressfulness. We helped one another when needed, without hesitation. We were in constant communication with the patient and physician with updates. We provided appropriate education throughout the scenario. We supported the patient emotionally because her spouse was not there to support her.

Describe how you responded differently to this patient versus an adult patient with the same diagnosis:

N/A

Reflecting:

Explain what you will take from this scenario and incorporate in future patient situations

This simulation will come in handy with our future patients regarding complications that can occur during labor. It is important to remain calm and act fast and the importance of communicating with both the patient and your team members.

After viewing the video, what do you feel was your most positive attribute?

I think I did a great job of providing the appropriate assessments and interventions in both scenarios. I thought I did a great job communicating with both Kasey and Pam throughout both scenarios. Working as a team is very important in the overall well-being of the patient.

After viewing the video, what areas do you need improvement with? What is the plan to achieve this improvement?

I think an area that I could improve on was making sure we reminded Pam to perform the APGAR score within one minute of the baby being born.