

Simulation: Unfolding Obstetrical Case Study

This will be an unfolding case study. There will be 4 different simulations run. Each student will be actively partaking in one, and watching the other three via video stream.

1. Our patient will start out as a laboring mother, and the student will be providing basic care, specifically identifying normal and abnormal fetal monitoring tracings.
2. The second simulation will be the immediate care of the mother and newborn right after delivery. The focus will be to understand what the role of the nurse is here.
3. The third simulation will be care of the postpartum patient two hours postpartum when she is “discharged” from labor and delivery and handed over to the postpartum team. Obtain normal assessment on mom and baby
4. The final simulation will deal with the real life complication of a post-partum hemorrhage.

Date:
Case Bailey W
Discipline: Nursing
Expected Simulation Run Time: 90 mns
Reflection Time: 30-45 after each scene
Location:

File Name: Unfolding OB
Student Level: RN
Debrief/Guided
Location for Reflection:

<p>Admission Date: Today's Date: Brief Description of Patient: Name: Bailey Waldron (pt name from docucare) Gender: Age: 37 Race: Weight: ____kg Height: ____cm Religion: Major Support: Phone:</p> <p>Allergies: none Immunizations: Attending Physician/Team:</p> <p>PMH: Gravida 5 para4 Gestational Diabetes Post partum hemorrhage (last delivery) Asthma</p>	<p>Psychomotor Skills Required prior to simulation:</p> <ul style="list-style-type: none"> • Physical assessment of intrapartum and postpartum client • Physical assessment of the newborn • Nursing intervention for the intrapartum and postpartum client • Administration of IV, IM, PR and PO medications <p>Cognitive Skills Required prior to Simulation:</p> <ul style="list-style-type: none"> • Completing required reading related to the simulation event from text. • Safe medication administration • Appropriate therapeutic communication techniques for a postpartum client • Review of appropriate nursing diagnoses, nursing interventions and client outcomes for a client with postpartum hemorrhage
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<p>History of Present illness: normal delivery Gravida 5 40 weeks gestation</p> <p>Social History: Lives with husband and 4 other children Nonsmoker Lawyer</p> <p>Primary Diagnosis: Surgeries/Procedures:</p>	<p>Affective Skills Required for Simulation:</p> <p>Therapeutic communication with patient, family and members of the health care team Respect for varying cultural, childbearing practices</p>
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Simulation Learning Objectives:

1. Identify a fetal monitoring strip that corresponds with adequate fetal oxygenation
2. Identify and implement nursing interventions to promote fetal oxygenation
3. Identify non-reassuring fetal monitor patterns
4. Demonstrate an understanding of the benefits and risks of epidural anesthesia
5. Verbalize accurate understanding of how APGAR scoring is done
6. Promote maternal/newborn bonding
7. Demonstrate the ability to monitor a woman in the fourth stage of labor
8. Assist a mother in getting a newborn to breast.
9. Identify the risk factors for the infant who is born to a gestational diabetic mother
10. Demonstrate an ability to provide pain relief to the postpartum woman
11. Perform a focused assessment on the postpartum woman
12. Perform a full assessment on the newborn
13. Correctly interpret the signs/symptoms of postpartum hemorrhage.
14. Identify assessments needed immediately due to postpartum hemorrhage.
15. Implement therapeutic interventions for postpartum hemorrhage.
16. Communicate effectively with other members of the health care team using the SBAR format.

Fidelity

<p>Setting/Environment</p> <ul style="list-style-type: none"> Hospital Obstetrics unit <p>Simulator Manikin/s Needed:</p> <ol style="list-style-type: none"> Stage 1: Student as patient Nursing Anne Manikin with full round ABD attachment Stage 2: student as patient or Nursing Anne Manikin with firm fundus and naked baby and placenta(used from prompt sim) Stage 3: Nursing Anne Manikin with firm fundus and baby wrapped and placed in bassinet Stage 4: Nursing Anne Manikin with boggy fundus <p>Stage 1 Props:</p> <p>IV Fluids:</p> <ul style="list-style-type: none"> Pitocin 20 units/LR @ 15 cc/hr into lower port in LR liter primary <p>Other Props:</p> <ul style="list-style-type: none"> External Fetal monitoring with strips with fetal stress(decels) Gown ID arm band Epidural in place(picture used) Albuterol inhaler with spacer <p>Stage 2 Props:</p> <p>IV Fluids:</p> <ul style="list-style-type: none"> Pitocin 20 units/LR @ 15 cc/hr into lower port in LR liter primary Epidural in place <p>Other Meds:</p> <ul style="list-style-type: none"> Vitamin K, EES ointment, Advil 600 <p>Other Props</p> <ul style="list-style-type: none"> ID arm band Gown Bloody chux APGAR chart Audio newborn cry(inserted into simbaby software) Infant warmer or bassinet Clean chux 	<p>Diagnostics Available</p> <ul style="list-style-type: none"> Labs X-rays (Images) 12-Lead EKG Other <p>Documentation Forms</p> <p>Use of Docucare for EHR</p> <ul style="list-style-type: none"> Physician Orders Admit Orders Flow sheet Medication Administration Record Kardex Graphic Record Shift Assessment Triage Forms Code Record Anesthesia / PACU Record Standing (Protocol) Orders Transfer Orders Apgar sheet LATCH score
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<p>Stage 3:</p> <ul style="list-style-type: none"> • Saline lock- IV bag removed • ID arm band • Gown • Mesh underwear • Pad moderately saturated • Percocet 1 – 2 • Baby swaddled with cap • Measuring tape • LATCH score • Axillary Thermometer <p>Stage 4:</p> <p>IV Fluids:</p> <ul style="list-style-type: none"> • LR with Pitocin 20 units with pump available <p>Other Meds:</p> <ul style="list-style-type: none"> • Cytotec four 200 mg. tabs • Methergine 0.2 mg/1cc • Hemabate <p>Other Props:</p> <ul style="list-style-type: none"> • Added blood to outside mesh and chux • Clotted Pad • Boggy Fundus • Straight catheter • Patient sitting high fowlers 	
<p>Roles / Guidelines for Roles</p> <ul style="list-style-type: none"> ○ Primary Nurse ○ Secondary Nurse (newly hired) ○ Clinical Instructor ○ Family Member #1 (husband or mom) ○ Family Member #2 ○ Observer/s ○ Physician ○ Midwife/Advanced Practice Nurse ○ Respiratory Therapy ○ Anesthesia ○ Pharmacy ○ Lab ○ Imaging ○ Social Services ○ Clergy ○ Unlicensed Assistive Personnel ○ Code Team ○ Other 	<p>Student Information Needed Prior to Scenario:</p> <ul style="list-style-type: none"> • Has been oriented to simulator • Understands guidelines /expectations for scenario • Has accomplished all pre-simulation requirements • All participants understand their assigned roles • Has been given time frame expectations <p>Report students will receive before simulation: Time: has read chart (docucare) Stage 1 Hand off</p> <p>Stage 2 Hand off</p> <p>Hand off stage 3</p>

<p>Scenarios and Student expectations</p> <p><u>Unfolding Maternal Case Simulation</u> <u>Nursing Anne w/ fundus attachment</u> Faculty: gives initial report(see docucare) <u>Role of Midwife(delivery)</u> <u>Role of MD(postpartum Hemorrhage)</u></p> <p>Roles: Husband /Her mom(change based on dynamics of group) <u>Hand off(faculty to student)</u> Bailey</p> <p>Stage 1 (Labor)</p> <p>Bailey is G6 P4 at 40 weeks gestation and dilated to 5cm. She currently has an epidural and is comfortable. FHT's have been in the 125's with moderate variability and occasional early decels.</p> <p>I last checked her cervix 2 hours ago and she was 5cm and I just rechecked her again and she was still 5cm. Updated the doctor and she wanted to start Pitocin. Pitocin is now running at 8mU/min (8mL/hr).</p> <p>Patient is gestational diabetic and had been orally controlled throughout the pregnancy with metformin. I just took her Blood sugar and it was 111. She has LR running at 125mL/hr in her IV.</p> <p>Patient has a hx of asthma, She is GBS neg, Hep B neg, HIV neg, G & C neg, Blood type is O pos, and she is allergic to PCN.</p> <p><u>Student hands off to next student</u></p> <p><u>Outcomes</u> <u>Stage 1</u> (20 min) 0830-10 Props: standardized patient(student) :IV , Full round ABD attachment , gown, arm band</p> <p><u>Scene:</u> Laboring Mom: No c/o pain(epidural), just pressure</p>	<p>2 hrs Post Partum</p> <p>Bailey Waldron DOB 2/1/1977 37 yrs old Gravida 5 Delivered a healthy boy 2 hrs ago VSS APGAR _____ Gave Mom Ibuprofen 600 mg right after delivery Epidural removed at that time IV Dc'd SL now L arm Pain 5/10 She was up to the BR 1hr ago, Pad was minimally saturated at that time She alert and Orientated and has many visitors in and out. Baby with Mom</p>
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<p>“Can’t left legs”(when asked) Mom in no distress, calm, talking to family EFM :external fetal monitoring: strips-faculty to hand at specific times Decels: expectations, turn mom on side, vitals Pitocin 20 units 15cc /hr LR L into the lower port in LR liter primary</p> <p>DEBREIF <i>Nurses give hand off to next shift</i> Stage 2 20 min-30 1015-1145 Props: student as SP or Manikin(Nursing Anne, arm band , gown, IV with fluids, naked baby(under gown), bloody chux, firm fundus(ball), APGAR sheet <i>Immediate delivery</i> baby then placenta Insert crying newborn baby sounds VS: Q 15 min Skin on skin Baby temp goes down 97.4 (“baby shaking”) if not skin to skin(kept warm) Baby crying or cooing(sounds) based on interventions 1-mom-pitocin increase 999ml/hr, fundal massage freq q15 x8 Remove Epidural 1-baby-APGAR, head to toe, measurements, In Med drawer: Vitamin K , EES ointment Advil 600</p> <p>DEBREIF <i>Nurses give hand off to next shift</i> Stage 3 20-30 1215-145 Props: manikin (same as previous stage- add moderately saturated max pad, mesh underwear <i>Postpartum</i> (2 hours have past) Normal Full mom and baby assessment Baby go to breast. LATCH score provided Mom wants to eat, wants a blizzard(high sugar food) Fundal checks /bottom checks Vitals 120/80 , 80, 20 Pain control PO Percocet 1-2 Pain level 3/10</p>	
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<p>SL DEBREIF <i>Nurse gives hand off to next shift</i> Stage 4 20-30 200-330 Props: same manikin, added blood to outside mesh and chux, change to clotted pad. Pt sitting up Post-partum hemorrhage (4 hours post-delivery) Patient becoming dizzy Vitals: hypotensive ,tachy Has not gotten to void</p> <p>Bogy Fundus(change ball) and up and to the side LR with Pit 20 units(have available near med cart)w/ pump Straight cath(supply room)</p> <p>Cytotec. 4 -200mg tabs.PR Methergine 0.2 mg/1 cc Hemabate Outcomes: lower pt head, massage fundus, get help Call MD for fluids and orders(see above meds), IV LR w/20unit Pit</p>	
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References, Evidence-Based Practice Guidelines, Protocols, or Algorithms used for this scenario: (site source, author, year, and page)

SUSAN G. FORNERIS, JOANN G. CROWNOVER, LAURIE DORSEY, NANCY LEAHY, NANCY A. MAAS, LORRIE WONG, ANNE ZABRISKIE, and JEAN ELLEN ZAVERTNIK (2012) Integrating QSEN and ACES: An NLN Simulation Leader Project. Nursing Education Perspectives: June 2012, Vol. 33, No. 3, pp. 184-187.

Unfolding Case Studies as a Formative Teaching Methodology for Novice Nursing Students

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Minnesota Simulation in Healthcare Education Professionals (M-SHEP)

Scenario Progression Outline			
Timing (approximate)	Manikin Actions	Expected Interventions	May use the following Cues:
Stage 1: 20 minutes	<p>Initial report by instructor:</p> <p>Laboring Mom: No c/o pain(epidural), just pressure “Can’t lift legs”(when asked) Mom in no distress, calm, talking to family</p> <p>External fetal monitoring: strip</p> <p>-faculty to hand at specific times Decels:</p>	<p>turn mom on side, vitals</p> <p>Pitocin 20 units 15cc /hr LR L into the lower port in LR liter primary</p> <p>DEBRIEF <i>Nurses give hand off to next shift</i></p>	<p>Role member providing cue:</p> <p>Cue:</p>
Stage 2: 20 minutes	<p><i>Immediate delivery</i> baby then placenta Insert crying newborn baby sounds)</p> <p>Baby temp goes down 97.4 (“baby shaking”) if not skin to skin(kept warm) Baby crying or cooing(sounds) based on interventions</p>	<p>VS: Q 15 min Skin on skin (mom to baby)</p> <p>Remove Epidural Baby Apgar Head to toe assessment and measurements In Med drawer: Vitamin K, EES ointment, and Advil 600</p>	<p>Role member providing cue:</p> <p>Cue:</p>

Minnesota Simulation in Healthcare Education Professionals (M-SHEP)

		Nurse gives hand off to next shift	
Stage 3: 20 to 30 minutes	<p>add moderately saturated max pad, mesh underwear <i>Postpartum</i> (2 hours have past)</p> <p>Pain level 3/10</p>	<p>Normal Full mom and baby assessment Baby go to breast. LATCH score provided Mom wants to eat, wants a blizzard(high sugar food) Fundal checks /bottom checks Pain control PO Percocet 1-2</p> <p>Nurses give hand off to next shift</p>	<p>Role member providing cue:</p> <p>Cue</p>
Stage 4: 20 to 30 minutes	<p>Added blood to outside mesh and chux, change to clotted pad. Pt. sitting up Post-partum hemorrhage (4 hours post-delivery) Patient becoming dizzy</p> <p>Hypotensive, tachycardia Has not gotten to void Boggy fundus (change ball) and up to the side</p> <p>(Have LR with Pitocin 20 units near med cart with pump. Straight catheter in supply room</p>	<p>Vitals</p> <p>Lower Pt. head, Massage fundus Get help Call MD for fluids and orders</p> <p>Start IV LR with 20 Units Pitocin</p>	<p>Role member providing cue:</p> <p>Cue:</p>

**Debriefing / Guided Reflection Questions for this Simulation:
Link to Participant Outcomes and Professional Standards
(i.e. QSEN, NLN {Nursing}, National EMS Standards {EMS}, etc.)**

1. What were your primary concerns in this scenario?
2. Did you miss anything in getting report on this patient?
3. Did you have sufficient knowledge/skills to manage this situation?
4. What were your safety concerns for this patient?
5. What were your primary nursing diagnoses in this scenario? What nursing interventions did you use, what outcomes did you measure? Where is your patient in terms of these outcomes now?
6. What did you do well in this scenario?
7. If you were able to do this again, what would you do differently?

Complexity – Simple to Complex

Suggestions for changing the complexity of this scenario to adapt to different levels of learners:

SIMULATION SCENARIO

Student Copy

PATIENT DATA

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1. Our patient will start out as a laboring mother, and the student will be providing basic care, specifically identifying normal and abnormal fetal monitoring tracings.
2. The second simulation will be the immediate care of the mother and newborn right after delivery. The focus will be to understand what the role of the nurse is here.
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LEARNING OBJECTIVES

1. Identify a fetal monitoring strip that corresponds with adequate fetal oxygenation
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SUPPLIES NEEDED

REFERENCES

Maternal Child Chapters

Post Simulation Worksheet

(To be completed and turned into the drop box after the simulation)

Create an individualized care plan for the patient in the scenario regarding the priority situation encountered in the final scenario-post partum hemorrhage-include assessment, medications that are used or could be used, goals, interventions, rationale and evaluation.

Create an individualized plan of care for the newborn in the scenario that would identify specific areas of concern that you identified during the simulation-include assessment, medications that are used or could be, goals, interventions, rationale, and evaluation

During the remainder of her hospitalization, how might this nursing care needs be different than a postpartum mother who has not experienced a hemorrhage?
Add this to your care plan.