Simulation Design Template

Date: Spring 2017  
Discipline: Nursing  
Expected Simulation Run Time: 10 mins  
Location: 

File Name: Postpartum Hemorrhage (Uterine Atony)  
Student Level: Maternity Course  
Guided Reflection Time: 20 minutes  
Location for Reflection: 

Admission Date: | Today’s Date:

Brief Description of Client

Name: Susan Brown  
Gender: F  Age: 28  Race: Faculty select  Weight: 165 lbs.  Height: 5ft 2in  
Religion: Catholic  
Major Support: Wife  Support Phone: 301-222-1122  
Allergies: NKA  Immunizations: Up to date  
Primary Care Provider/Team: A. Brown, CNM  
Past Medical History: None 

History of Present Illness: G2 P2, 2-hour post-partum, precipitous delivery at 0642 of 9lb 2oz (4173 gms) male, second degree laceration repaired with local Lidocaine. Estimated Blood Loss 250 ml. 18-gauge IV access in left hand. Fundus firm, midline, at the umbilicus. Voided 150 ml 30 minutes ago. Denied any pain or discomfort. Last v/s T:98.8, P102, BP116/72, RR18 SpO2 98% on room air. 

Social History: social drinker (1 x month wine)  
Primary Medical Diagnosis: Precipitous Vaginal delivery  
Surgeries/Procedures & Dates: None  
Nursing Diagnoses: Deficient fluid volume; Ineffective Tissue Perfusion
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Psychomotor Skills Required Prior to Simulation:

- Postpartum Assessment (BUBBLE EE)
- Inserting a Foley Catheter
- Correctly Administering IVF/ Medication
- Work collaborate as part of the PPH team

Cognitive Activities Required Prior to Simulation:
[i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]

Use lecture and independent reading assignments to review:
- factors in the patients past obstetric history that contribute to (PPH)
- factors during labor that contributes to risk for PPH
- signs and symptoms of PPH
- the different roles of the PPH team

Simulation Learning Objectives

General Objectives:
1. Care for a client experiencing postpartum hemorrhage (r/t Uterine Atony)
2. Perform nursing interventions for patient experiencing PPH
3. Provide emotional support to patient experiencing PPH
4. Profession communication during a PPH

Simulation Scenario Objectives:
1. Complete postpartum assessment
2. Assess if patient is having a PPH
3. Call a code for PPH (Code PPH)
4. Perform fundal massage
5. Perform NI during a PPH (insert a foley catheter / administer IVF)
6. Provide emotional support
References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:


https://www.acog.org/About-ACOG/ACOG-Districts/District-II/SMI-OB-Hemorrhage

https://www.cmqcc.org/qi-initiatives/obstetric-hemorrhage
Fidelity (choose all that apply to this simulation)

Setting/Environment:
- [ ] ER
- [ ] Med-Surg
- [ ] Peds
- [ ] ICU
- [ ] OR / PACU
- [x] Women’s Center (HC 346)
- [ ] Behavioral Health
- [ ] Home Health
- [ ] Pre-Hospital
- [ ] Other:

Simulator Manikin/s Needed:

Props:

Equipment Attached to Manikin:
- [ ] IV tubing with primary line
- [ ] Secondary IV Line
- [ ] IV pump
- [ ] Foley Catheter
- [ ] PCA pump running
- [ ] IVPB with running at mL/hr
- [ ] O2
- [ ] Monitor attached
- [x] ID band
- [x] Other: Saline Lock

Equipment Available in Room:
- [ ] Bedpan/Urinal
- [x] Foley kit
- [x] Straight Catheter Kit
- [x] Incentive Spirometer
- [ ] Fluids
- [ ] IV start kit
- [ ] IV tubing
- [ ] IVPB Tubing
- [x] IV Pump
- [ ] Medications and Fluids: (see chart)
  - [ ] PPH Code Cart See the attached page for Medications
    - [ ] IV Fluids Lactated Ringers (LR) 1000ml
    - [ ] Pitocin/Oxytocin 30 units in 500ml/LR
    - [ ] Rectal Meds: Misoprostol (Cytotec) Tab 600-1000mcg
    - [ ] IV Push: Ketorolac 30 mg
    - [x] IM: Hemabate and Methylergonivine Vials

  - [x] Labs: CBC See orders or EHR
  - [ ] X-rays (Images)
  - [ ] 12-Lead EKG
  - [ ] Other:

Diagnostics Available: (see chart)
- [ ] Lab
- [ ] Other:

Documentation Forms:
- [ ] Provider Orders
- [ ] Admit Orders
- [ ] Flow sheet
- [ ] Medication Administration Record
- [ ] Graphic Record
- [x] Shift Assessment
- [ ] Triage Forms
- [ ] Code Record
- [ ] Anesthesia / PACU Record
- [x] Standing (PPH Protocol) Orders
- [ ] Transfer Orders
- [ ] Other:

Recommended Mode for Simulation: Manual
(i.e. manual, programmed, etc.)

Student Information Needed Prior to Scenario:
- [x] Has been oriented to simulator
- [x] Understands guidelines /expectations for scenario
| Feeding Pump | Has accomplished all pre-simulation requirements |
| Pressure Bag | All participants understand their assigned roles |
| 02 delivery device (type): non-rebreather mask | Has been given time frame expectations |
| Crash cart with airway devices and emergency medications | Other: |
| Defibrillator/Pacer | |
| Suction | |
| Other: Scale: Baby Scale | |

**Roles/Guidelines for Roles:**
- Primary Nurse
- Secondary Nurse: Medication nurse
- Clinical Instructor
- Family Member #1
- Family Member #2
- Observer/s
- Recorder
- Certified Nurse Midwife (CNM)
- Respiratory Therapy
- Anesthesia
- Pharmacy
- Lab
- Imaging
- Social Services
- Clergy
- Unlicensed Assistive Personnel
- Code Team
- Other: Charge Nurse, Report nurse

**Important Information Related to Roles:**
Report Students Will Receive Before Simulation

Time: 0900

Susan Brown, 28y/o G4P3 (SAB 2014) NKA, O+ GBS-, Rubella Immune. Arrived at 0530, SROM at 0610, and had a NSVD delivery (precipitous) at 0642, 9 lb baby boy. Non-medicated, IV access/ saline lock. EBL was 250, second degree laceration that was repaired with local lidocaine. Fundus is midline, firm, and @U. She voided x1 150 ml about 10 minutes ago, ice pack applied. V/S BP 116/72, T 98.8F, P 102, SPO2 98, R 18. Refused pain medication. She plans on breast feeding, and her partner is with her.

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Significant Lab Values: refer to chart

Provider Orders: refer to chart

Home Medications: refer to chart
### Scenario Progression Outline

<table>
<thead>
<tr>
<th>Timing (approx.)</th>
<th>Manikin/SP Actions</th>
<th>Expected Interventions</th>
<th>May Use the Following Cues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0-5 min</strong></td>
<td>V/S</td>
<td>Wash hands</td>
<td>Role member providing cue: Wife</td>
</tr>
<tr>
<td></td>
<td>Temp 98.7F</td>
<td>Introduces self</td>
<td>Cue: Who are you?</td>
</tr>
<tr>
<td></td>
<td>BP 105/65</td>
<td>Identify Patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P 108</td>
<td>Acknowledge wife at</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RR 22</td>
<td>bedside</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sp02 96</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infant skin-to-skin,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>not breast</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feeding, fowlers position.</td>
<td></td>
</tr>
<tr>
<td><strong>Next 5-10 min</strong></td>
<td>Temp 98.7</td>
<td>Ask wife to hold infant.</td>
<td>Role member providing cue: Wife</td>
</tr>
<tr>
<td></td>
<td>BP 95/55</td>
<td>Explain assessment</td>
<td>Cue: Is she ok? Oh my God, why is she bleeding so much?</td>
</tr>
<tr>
<td></td>
<td>P 116</td>
<td>Perform Vital signs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>RR 22</td>
<td>Perform Post-partum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sp02 94</td>
<td>assessment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurse lifts blanket</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place supine,</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>assess fundus (midline &amp; boggy)</td>
<td></td>
</tr>
<tr>
<td><strong>Vocal:</strong></td>
<td>As nurse begins to</td>
<td>Massage fundus,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>assess fundus.</td>
<td>boggy, bleeding</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complain of pain</td>
<td>continues.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and “I think I am peeing”</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pool of blood.</td>
<td>Recognize patient</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bleeding continues.</td>
<td>is having a PPH.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Calls Code PPH.</td>
<td></td>
</tr>
<tr>
<td><strong>Next 5-15 min</strong></td>
<td>Vocal:</td>
<td>Nurse explains she is bleeding. Code team arrives.</td>
<td>Role member providing cue: Wife</td>
</tr>
<tr>
<td></td>
<td>What’s happening? (VSE, painful)</td>
<td></td>
<td>Cue: What’s happening?</td>
</tr>
<tr>
<td></td>
<td>10/10</td>
<td>Charge nurse: assigns roles to team (insert foley, start IVF, medication nurse, recorder, support mom &amp; partner).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cries out in pain,</td>
<td>RN Assess client’s V/S</td>
<td></td>
</tr>
<tr>
<td></td>
<td>LOC: Alert/Oriented</td>
<td>remains the same as above</td>
<td></td>
</tr>
<tr>
<td></td>
<td>V/S</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abdomen is Boggy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CNM perform fundal massage
Orders 10L O2 non-rebreather mask;
Pitocin 30Units in 500ml LR bolus; SVE
to performs manual sweep of uterine
cavity, removes blood clots. Orders 1000mcg
misoprostol (cytotec) rectal.

<table>
<thead>
<tr>
<th>15-20 min</th>
<th>Vocal: That was scary. Would I be ok?</th>
<th>Nurse reassures Patient that everything is fine. Explain what occurred.</th>
</tr>
</thead>
<tbody>
<tr>
<td>V/S</td>
<td>Temp 98.7F</td>
<td></td>
</tr>
<tr>
<td>BP</td>
<td>108/72</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td>106</td>
<td></td>
</tr>
<tr>
<td>RR</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>Sp02</td>
<td>98</td>
<td></td>
</tr>
</tbody>
</table>
Debriefing/Guided Reflection Questions for This Simulation
(Remember to identify important concepts or curricular threads that are specific to your program)

1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve.
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. How were physical and mental health aspects interrelated in this case?
11. What were the key assessments and interventions?
12. Is there anything else you would like to discuss?

Complexity – Simple to Complex
Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners