Scenario File: Post Partum Hemorrhage version 3/10

Discipline: Nursing **Student Level: advanced**
Expected Simulation Run Time: 15 min **Guided Reflection Time: 45 min**

Admission Date: 8/15/xx
Today's Date: 8/15/xx

Brief Description:
Name: VW **Gender: female**
Age: 25 **Race: caucasian**

Weight: 51 **kg** **Height:** 120 **cm**

Religion: none stated **Major Support: spouse, sister**

Phone: 240 567 5600
Allergies: none known
Immunizations see H&P

Attending Physician/Team: OB on-call

Past Medical History: no PMH, G2 P1

History of Present illness: 40 week, uncomplicated delivery
4kg male delivered 8/15 at 1600

Social History: married, computer programmer

Primary Medical Diagnosis: pregnancy at term

Surgeries/Procedures & Dates: no psh

Psychomotor Skills Required Prior to Simulation

IV preparation
post-partum checks
fundal massage

Cognitive Activities Required Prior to Simulation [i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]
Read Wong, D. et al, Maternal Child Nursing Care, Mosby, 2nd edition, p 498-503
Review SBAR
Optional reading- McMillan MCN 30 (1) 46-51

Nursing Diagnosis:
Fluid volume deficit rt >500ml EBL
Collaborative Problems:

Confer with health care provider to obtain orders for treatment and care, assist team member in providing safe, effective and timely care.

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Simulation Learning Objectives

1. Apply the nursing process to initiate care of the post partum hge pt.

2. Assess the patient, including information obtained through .observation

3. Determine (plan) the nursing care for the patient based on assessment findings.

4. Implement the appropriate care in a safe manner.

5. Evaluate the care provided.

6. Identify the primary nursing diagnosis and/or collaborative problems.

7. Document the assessments, patient changes, and interventions completed.

8. Demonstrate therapeutic communications in care of the patient and family.

Scenario Specific Objectives

Student/RN will recognize signs of PPH and provide appropriate timely care

Program / Curriculum Specific Objectives

Incorporate concepts of emergent care in post partum clinical setting.

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Fidelity (choose all that apply to this simulation)

Setting/Environment

- o ER
- o Med Surg
- o Peds
- o ICU
- o OR / PACU
  Women's Center
- o Behavioral Health
- o Home Health
- o Pre-Hospital
- X Other-post partum

Simulator/Manikin/s Needed:

Low fidelity, static, with boggy fundus

Props:

Chux with hge moulage
Extra chux
Exam gloves
Hand sanitizer
Several Kerlix fluffs under mannequin panties for simulated boggy fundus
Blood tubes and labels for lab tech
Telephone with OB on-call page number

Equipment Attached to Manikin:

°IV tubing with primary line ____ fluids running at ____ cc/hr

- o Secondary IV line __ running at _cc/hr
- o IV pump
- o Foley catheter _____cc output
- o PCA pump running
- o IVPB with ___ running at ___ cc/hr
- o 02 _____
- o Monitor attached
- X ID band
- X Other- saline lock

Equipment Available in Room

- o Bedpan/Urinal
- X Foley kit
- o Straight Cath Kit
- o Incentive Spirometry
- X Fluids - NS
- o IV start kit
- X IV tubing
- o IVPB Tubing

Medications and Fluids

- ○ Oral Meds
- X IV Fluids
- IVPB
- ○ IV Push
- ○ IM / Subcut / Intradermal
- X Other- NS flush, labels, alcohol wipes

Diagnostics Available

- o X-rays (Images)
- X Labs
- o 12-Lead EKG
- o Other_____

Documentation Forms

- o Admit Orders
- o Physician Orders
- o Flow sheet
- o Medication Administration Record
- o Kardex
- X Graphic Record
- o Shift Assessment
- o Triage Forms
- o Code Record
- o Anesthesia / PACU Record
- o Standing (Protocol) Orders
- o Transfer Orders
- X Other X – blank order sheets

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X IV Pump o Feeding Pump o Pressure Bag X 02 delivery device- nasal cannula and O2 regulator o Crash cart with airway devices and emergency medications o Defibrillator/Pacer o Suction	**Recommended Mode for Simulation (i.e. manual, programmed, etc.)** manual
Roles/Guidelines for Roles X Primary Nurse X Secondary Nurse o Clinical Instructor X Family Member #1 o Family Member #2 o Observer X Physician / Advanced Practice Nurse o Respiratory Therapy o Anesthesia o Pharmacy X Lab o Imaging o Social Services o Clergy o Unlicensed Assistive Personnel o Code Team o Other_____ **Important Information Related to Roles** **<u>Significant Lab Values</u>**	**Student Information Needed Prior to Scenario** ☑ 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 o Other _____ **Report Students Will Receive Before Simulation** **Time:** You began your shift at 2300 on 8/15, and received report on eight moms who all delivered within the past twelve hours. You are now checking VW, G2P1 at 0030, noting that she delivered at 1600 on 8/15, is not due for any medications, but c/o afterbirth cramps and requested two T3 @2200 and ambien 5 mg. at 2230. Per report, she is bottle feeding, had measured voids of 200ml and 400ml and now has BRP. Her family member/SO is staying with her tonight. You decided she'll be the last patient you'll see on first rounds, as she is the least complex of your patients, and has someone else with her who can also call for help.

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<u>Physician Orders</u> **Stat H&H, T&C 2u PRBC** **Foley to gravity with q1h output** **NS at 150cc/hr** **Titrate O2 for sats > 96%** **Patient and family member are fast asleep, family member wakes up when nurse comes in to room.** **Family member points to blood and becomes hysterical.** **RN sees BRB on bed and floor, ideally calls for second RN to help.** **Pt continues is unresponsive.** **Primary RN assesses blood loss and directs second RN to take VS, at the same time soothing sister and paging MD or APRN** **Primary RN reports using SBAR and reads back orders (see above)** **Delegates to second RN to get IVF, tubing, foley kit and call lab for bloods or to stay with pt and calm family member. Pt continues to be unresponsive while RN massages pt's fundus.**	

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RN2 helps with IV, foley; lab tech draws blood – sends. **Phone rings and it's the lab with H&H results.** **RN1 takes lab result, then calls to notify MD/APRN.** **Other RN again massages pt's fundus, assesses blood loss, MD/APRN says they are coming to see the pt.**	

References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used For This Scenario: (site source, author, year, and page)

McMullen N et al: American Journal of Maternal Child Nursing 30 (1): 46-51, 2005

Wong D: Maternal Child Nursing Care, St. Louis, 2002, Mosby, 498-503

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2007 NCLEX-RN© Test Plan Categories and Subcategories

Choose all areas included in the simulation

Safe and Effective Care Environment

Management of Care

- Advance Directives
- Advocacy
- Case Management
- Client Rights
- X Collaboration with Interdisciplinary Team
- X Concepts of Management
- Confidentiality / Information Security
- Consultation
- Continuity of Care
- X Delegation
- X Establishing Priorities
- Ethical Practice
- Informed Consent
- Information Technology
- Legal Rights and Responsibilities
- Performance Improvement (QI)
- Referrals
- Resource Management
- Staff Education
- Supervision

Safety and Infection Control

- Accident Prevention
- Disaster Planning
- Emergency Response Plan
- Ergonomic Response Plan
- X Error Prevention
- Handling Hazardous and Infectious Materials
- Home Safety
- Injury Prevention
- Medical and Surgical Asepsis
- Reporting of Incident/Event/ Irregular Occurrence/Variance
- Security Plan
- Standard /Transmission-Based / Other Precautions
- Use of Restraints/Safety Devices
- Safe Use of Equipment

Health Promotion and Maintenance

- Aging Process
- X Ante/Intra/Postpartum and Newborn Care
- Developmental Stages and Transitions
- Disease Prevention
- Expected Body Image Changes
- Family Planning
- Family Systems
- Growth and Development
- Health and Wellness
- Health Promotion Programs
- Health Screening
- High Risk Behaviors
- Human Sexuality
- Immunizations
- Lifestyle Choices
- Principles of Teaching/Learning
- Self-Care
- X Techniques of Physical Assessment

Psychosocial Integrity

- Abuse/Neglect
- Behavioral Interventions
- Chemical and Other Dependencies
- Coping Mechanisms
- Crisis Intervention
- Cultural Diversity
- End of Life Care
- X Family Dynamics
- Psychopathology
- Religious and Spiritual Influences on Health
- Sensory/Perceptual Alterations
- Situational Role Changes
- Stress Management
- Support Systems
- X Therapeutic Communications

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- Grief and Loss
- Mental Health Concepts
- Therapeutic Environment
- Unexpected Body Image Changes

Physiologic Integrity

Basic Care and Comfort

- Assistive Devices
- Complementary and Alternative Therapies
- Elimination
- Mobility/Immobility
- Non-Pharmacological Comfort Interventions
- Nutrition and Oral Hydration
- Palliative/Comfort Care
- X Personal Hygiene
- Rest and Sleep

Pharmacological and Parenteral Therapies

- Adverse Effects/Contraindications
- X Blood and Blood Products
- Central Venous Access Devices
- Dosage Calculation
- Expected Effects/Outcomes
- Medication Administration
- X Parenteral/Intravenous Therapies
- X Pharmacological Agents/Actions
- Pharmacological Interactions
- Pharmacological Pain Management
- Total Parenteral Nutrition

Reduction of Risk Potential

- Diagnostic Tests
- X Lab Values
- Monitoring Conscious Sedation
- Potential for Alterations in Body Systems
- Potential for Complications of Diagnostic Tests/Treatments/Procedures
- Potential for Complications from Surgical Procedures and Health Alterations
- X System Specific Assessments
- Therapeutic Procedures
- X Vital Signs

Physiologic Adaptation

- Alterations in Body Systems
- Fluid and Electrolyte Imbalances
- X Hemodynamics
- Illness Management
- Infectious Diseases
- Medical Emergencies
- Pathophysiology
- Radiation Therapy
- Unexpected Response to Therapies

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Scenario Progression Outline

Timing (approximate)	Manikin Actions	Expected Interventions	May Use the Following Cues
First 5 minutes	**Obvious blood loss**	**RN** • **recognizes problem** • **does fundal massage immediately** • **calls for help** • **calls MD** • **uses SBAR and** • **reads back orders** • **soothes family member**	**Role member providing cue: Family member** **Cue: 'do something! Call somebody!"**
Next 10 minutes	**unresponsive**	RNs • massage fundus • send labs • hang IV fluid • insert foley • soothe family member	**Role member providing cue: RN2** **Cue: can I help you with anything?**
Final minutes			

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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 wanted 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 family and tech: What aspects of this simulation went well?
7. If you were able to do this again, how could you have handled the situation differently?
8. How was teamwork demonstrated?
9. What did the team feel was the primary nursing diagnosis and/or collaborative problems?
10. What were the key assessments and interventions?
11. Is there anything else you would like to discuss?

Scenario Specific Questions:

Program/Curricular Specific Questions:

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Complexity – Simple to Complex

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

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