## SECTION I:  SCENARIO OVERVIEW

| Scenario Title: | Case B Normal Delivery in 15-year-old primipara |
|---|---|
| Original Scenario Developer(s): | S. Vaughn, RN, MPH |
| Date - original scenario | 08/09 |
| Validation: | 11/09   M.Miller, MA, RN, M.Potkin, RN, 04/10 MM |
| Revision Dates: | 8/18 C. Lopez, MSN, CNS, RNC-OB, CPHRM, CHSEA |
| Pilot testing: | 11/09 |
| QSEN revision: Marjorie Miller, MA, RN | 06/12 |

Estimated Scenario Time:     15-20 minutes         Debriefing time: 30-40 minutes


Target group: Pre-licensure RN students
Core case: 15-year-old primipara in active labor
QSEN Competencies:
- ❑   Safety
- ❑   Patient Centered Care
- ❑   Teamwork and Collaboration


Brief Summary of Case:  15-year-old unmarried Hispanic woman admitted through ED in active labor, accompanied by sister and brother.  Brought to the ED due to GI distress and abdominal pain.  Admitted to L & D and monitor placed.  Assessment indicates imminent delivery.


This scenario can be used as the second in a 4-part series or as a stand-alone scenario.  It can also be combined for more advanced practitioners.
- ❑   Scenario A – New Admission – Fetal Distress
- ❑   Scenario B – Imminent Delivery – Normal
- ❑   Scenario C – Postpartum Hemorrhage
- ❑   Scenario D – Postpartum pain assessment

| EVIDENCE BASE / REFERENCES |
|---|
| Cronenwett, L., Sherwood, G., Barnsteiner, J. et al. (2007). Quality and safety education for nurses. Nursing Outlook, 55(3), 122-131. doi:10.1016/j.outlook.2007.02.006 |
| Gaumard Scientific, Miami, FL. (2018) Noelle/Victoria maternal and neonatal simulation system: Instructor guide. Retrieved from https://www.gaumard.com/downloads |
| Gregory, D. (2006). Clinical decision making: Case studies in maternity and women's health. Clifton Park, NY: Thomson-Delmar Learning. |
| Kelly, P., Vottero, B., Christie-McAuliffe, C. (2014). Introduction to Quality and Safety Education for Nurses. New York, N.Y: Springer Publishing Co., LLC. |
| Laredal Medical Corporation, Wappingers Falls, NY. (2018). PROMPT Birth Simulator. Retrieved from https://www.laerdal.com/us/archive/prompt-birthing-simulator/ |
| McKinney, E., et al. (2013). Maternal-Child Nursing. St. Louis, MO: Elsevier Saunders. |
| Silvestri, L. (2017). Comprehensive review for the NCLEX-RN examination. St. Louis, MO: Saunders. |
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**ALL DATA IN THIS SCENARIO IS FICTITIOUS**

## SECTION II:  CURRICULUM INTEGRATION

| A. SCENARIO LEARNING OBJECTIVES |
|---|

### Learning Outcomes

1. Utilize principles and care practices related to normal labor and delivery.
2. Implement critical thinking and clinical decision-making skills necessary to interpret data.
3. Integrate understanding of multiple dimensions of patient-family centered care.
4. Provide safe care to laboring patients, prioritizing and implementing interventions for mother and fetus.

### Specific Learning Objectives

1. Accurately assess the laboring mother and estimate labor progress based on client responses.
2. Recognize normal fetal heart rate pattern.
3. Implement appropriate nursing interventions at this point in the labor process.
4. Communicate relevant patient information to team using SBAR tool.
5. Effectively communicate with client throughout simulation to keep informed and relieve anxiety.
6. Perform pain assessment and reassure patient realistically.
7. Engage family members to support patient in laboring process.

### Critical Learner Actions

1. Identifies self and role to patient and family members.
2. Performs hand hygiene.
3. Identifies patient using 2 identifiers.
4. Prioritizes assessment for both mother and fetus.
5. Attaches fetal monitor.
6. Communicates calmly with patient and family members while implementing interventions.
7. Supports patient while primary nurse performs vaginal check to assess labor progress.
8. Recognizes signs of imminent delivery.
9. Reassesses mother and fetal heart tracing throughout.
10. Considers patient need for privacy and need for family support when making decisions about care.

| B. PRE-SCENARIO LEARNER ACTIVITIES | |
|---|---|
| **Prerequisite Competencies** | |
| Knowledge | Skills/ Attitudes |
| ❑ Normal Labor and Delivery | ❑ General survey and focused assessment of newly admitted patient in active labor |
| ❑ Pain theory related to child birth | ❑ Recognition of and interventions for normal fetal heart patterns |
| ❑ Pharmacology of medications administered during intra-partum period. | ❑ Comfort measures for laboring patient including family involvement |
| ❑ Therapeutic communication with patient and family | ❑ Dimensions of patient-family centered care in dealing with distressing situations |
| ❑ SBAR communication with interprofessional team. | ❑ Non-medicinal measures to support patient in active labor |

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**SECTION III: SCENARIO SCRIPT**

| A. Case summary |
| --- |
| Leticia Garcia 15-year-old, G1-P0, single Hispanic female at 37 weeks gestation. Admitted to the OB unit doubled over in pain. OB staff nurse and New Grad enter triage room, find client on the gurney, and begin the admission process. Client continues to deny pregnancy, saying that the pain is from her sister's cooking. The New Grad takes vital signs, while the OB Preceptor adjusts the fetal monitor and begins the labor admission paperwork. |

| B. Key contextual details |
| --- |
| None significant … admitted to OB triage room |

| C. Scenario Cast | | |
| --- | --- | --- |
| Patient/ Client | ❑ High fidelity simulator | |
| | ❑ Mid-level simulator | |
| | ❑ <mark>Birthing manikin</mark> OR | |
| | ❑ <mark>Hybrid (Blended simulator)</mark> | |
| | ❑ Standardized patient | |
| Role | Brief Descriptor (Optional) | Standardized Participant (SP) or Learner (L) |
| RN 1 – new graduate | Assessment, Admission of patient | Learner |
| RN 2 – experienced Perinatal preceptor | Assists with paperwork Assesses fetal monitor | Learner |
| Sister or brother | Expresses concern over sister's acute pain | Standardized Participant |
| Charge nurse | Assists with delivery | Standardized Participant |
| | | |

**ALL DATA IN THIS SCENARIO IS FICTITIOUS**

| D.Patient/Client Profile | | | | |
|---|---|---|---|---|
| Last name: | Garcia | First name: | Leticia | |
| Gender: Fe | Age: 15 | Ht: 5'2" | Wt: 158# | Code Status: Full |
| Spiritual Practice: Catholic | | Ethnicity: Puerto Rican | | Primary Language spoken: English/Spanish |

## 1. History of present illness

Chief Complaint:  Excruciating abdominal pain.

Visiting from Florida visiting sister and in complete denial of pregnancy. Her parents are first generation Puerto Rican immigrants. Parents and sister are totally unaware she is pregnant. Because of her denial she has had no prenatal care. At her sister's home at 0100 she begins to experience strong abdominal cramps. She does not tell her sister until 0700 and states she has a bad stomach ache. Her sister sees she is in a lot of pain and immediately takes her to the nearest hospital.

| **Primary Medical Diagnosis** | Full term pregnancy |
|---|---|

## 2. Review of Systems

| CNS | Alert, oriented, cooperative, fearful |
|---|---|
| Cardiovascular | Regular sinus rhythm, no gallops, rubs or murmurs, apical clear, pulses +4 radial and pedal |
| Pulmonary | Clear to A&P |
| Renal/Hepatic | Voiding clear urine, no hepatomegaly felt |
| Gastrointestinal | Distended, full term pregnancy |
| Endocrine | Full term pregnancy |
| Heme/Coag | No bruising or bleeding noted |
| Musculoskeletal | Moves all extremities well.  Spine within normal limits |
| Integument | Clear without abrasions |
| Developmental Hx | Normal Hispanic teenager |
| Psychiatric Hx | None reported |
| Social Hx | Sexually active, no reported drug, smoking or alcohol history |
| Alternative/ Complementary Medicine Hx | unknown |

| Medication allergies: | None reported | Reaction: | |
|---|---|---|---|
| Food/other allergies: | NKDA | Reaction: | |

| | Drug | Dose | Route | Frequency |
|---|---|---|---|---|
| **3. Current medications** | | | | |
| | | | | |
| | | | | |
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## 4. Laboratory, Diagnostic Study Results

| Na: 142 | K: 4.2 | Cl: 102 | HCO3: 2622 | BUN: | Cr: |
|---|---|---|---|---|---|
| Ca: 9.3 | Mg: 1.2 | Phos: | Glucose: | HgA1C: | |
| Hgb: 13 | Hct: 36.8 | Plt: 265 | WBC: 5.2 | ABO Blood Type: | |
| PT: 11.5 | PTT: 25 | INR | Troponin: | BNP: | |
| Ammonia: | Amylase: | Lipase: | Albumin: | Lactate: | |
| ABG-pH: | paO2: | paCO2: | HCO3/BE: | SaO2: | |
| VDRL: neg | GBS: pending | Herpes: neg | HIV: neg | Chlamydia: neg | |
| CXR: | | | ECG: | | |
| CT: | | | MRI: | | |
| Other: | | | | | |

<table>
<tr><td colspan="3" align="center"><strong>E. Baseline Simulator/Standardized Patient State</strong><br>(This may vary from the baseline data provided to learners)</td></tr>
</table>

### 1. Initial physical appearance

| Gender: Fe | Attire: hospital gown |
|---|---|

Alterations in appearance (moulage):
Long black curly wig (optional if PROMPT and SP used)
Skin damp & flushed
Water balloon in birthing manikin to mimic bulging BOW.  Charge nurse will have pin and break balloon during vaginal exam.

| x | ID band present, accurate information | | ID band present, inaccurate information | | ID band absent or not applicable |
|---|---|---|---|---|---|
| | Allergy band present, accurate information | | Allergy band present, inaccurate information | x | Allergy band absent or not applicable |

### 2. Initial Vital Signs Monitor display in simulation action room:

| | No monitor display | | Monitor on, but no data displayed | x | Monitor on, standard display | | |
|---|---|---|---|---|---|---|---|

| BP: 145/90 | HR: 102 | RR: 28 | T: 99° F. | SpO2: 95% |
|---|---|---|---|---|
| CVP: | PAS: | PAD: | PCWP: | CO: |
| AIRWAY: | ETC02: | FHR: | | |
| Lungs: Sounds/mechanics | Left: | | Right: | |
| Heart: | Sounds: | S1, S2 no ectopy | | |
| | ECG rhythm: | Sinus tachycardia | | |
| | Other: | | | |
| Bowel sounds: | Active x 4 | | Other: | |

**ALL DATA IN THIS SCENARIO IS FICTITIOUS**

### 3. Initial Intravenous line set up

| | | | | | |
|---|---|---|---|---|---|
| | **Saline lock** | Site: | | | IV patent (Y/N) |
| x | **IV #1** | Site: | Fluid type: | Initial rate: | IV patent (Y/N) |
| | Main | RA | Lactated Ringers | 125 mL/hr | |

### 4. Initial Non-invasive monitors set up

| | | | | | |
|---|---|---|---|---|---|
| x | NIBP | ECG  First lead: | | ECG  Second lead: | |
| x | Pulse oximeter | Temp monitor/type | | Other: | |

### 5. Initial Hemodynamic monitors set up

| | | | | |
|---|---|---|---|---|
| | A-line  Site: | Catheter/tubing Patency (Y/N) | CVP  Site: | PAC  Site: |

### 6. Other monitors/devices

| | | | | | |
|---|---|---|---|---|---|
| | Foley catheter | Amount: | | Appearance of urine: | |
| | Epidural catheter | x | Infusion pump: | Pump settings:  Primary | 125 mL/hr |
| | Fetal Heart rate monitor/tocometer | | | Internal | External |

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**Environment, Equipment, Props (Recommend standardized set up for each commonly simulated environment)**

### 1. Scenario setting:  (example:  patient room, home, ED, lobby)

Perinatal Unit

### 2. Equipment, supplies, monitors   (In simulation action room or available in adjacent core storage rooms)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | Bedpan/ Urinal | x | Foley catheter kit | x | Straight cath. kit | | Incentive spirometer |
| x | IV Infusion pump | x | OB delivery kit | | Pressure bag | x | Wall suction |
| x | Nasogastric tube | | ETT suction catheters | x | Oral suction cath | | Chest tube insertion kit |
| | Defibrillator | | Code Cart | | 12-lead ECG | | Chest tube equip |
| | PCA infusion pump | | Epidural infusion pump | | Central line kit | | Dressing Δ equipment |
| x | IV fluid | Lactated Ringers | | Blood product   ABO Type: | | # of units: | |

### 3. Respiratory therapy equipment/devices

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | Nasal cannula | | Face tent | x | Simple Face Mask | x | Non re-breather mask |
| x | BVM/Ambu bag | | Nebulizer tx  kit | | Flowmeters (extra supply) | | |

### 4. Documentation and Order Forms

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| x | Provider orders | x | Med Admin Record | x | H & P | x | Lab Results |
| | Progress Notes | x | Graphic record | x | Medication recon. | | Prenatal record |
| x | Nurses' Notes | x | Actual medical record binder | | | | Other |

### 5. Medications (to be available in sim action room)

| # | Medication | Dosage | Route | | # | Medication | Dosage | Route |
|---|---|---|---|---|---|---|---|---|
| 2 | Terbutaline | 0.25 mg | Sub-q | | 2 | Stadol | 2 mg | IV |
| 2 | Fentanyl | 50 mcg -I00 mcg | IV | | | | | |

**ALL DATA IN THIS SCENARIO IS FICTITIOUS**

| CASE FLOW / TRIGGERS / SCENARIO DEVELOPMENT STATES |
|---|

**Initiation of Scenario:**

Leticia Garcia 15-year-old, G1P0, SHF at 37 wga. Admitted to the OB triage room doubled over in pain. OB new grad enters the OB triage room to begin the labor admission paperwork by taking the vital signs and FHR. Leticia still denies being pregnant, says it must be her sister's cooking. Sister is at the bedside with her.

| STATE / PATIENT STATUS | DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|---|---|---|
| **1. Baseline**<br><br>Client on gurney in OB triage area.<br><br>Head end of gurney is elevated to 30 degrees<br><br>Experiencing severe abdominal cramps, restless, crying, screaming, flushed and diaphoretic<br><br>**States, "I'm not pregnant! It is my sister's cooking."** | **Operator**<br><br>Initial vital signs: Display when learner initiates.<br><br>BP: 145/95<br>HR: 110<br>RR: 30<br>O₂ Sat: 94%<br>Temp: 99°F.<br><br>FHR: 130 with accelerations.<br>Contraction pattern: q2-3 min for 60-70 seconds.<br><br>**Triggers:** Learner Actions completed within 5 -7 minutes | **Learner Actions**<br><br>1. Performs hand hygiene<br>2. Introduces self, team mate and roles to patient and family<br>3. Identifies patient using 2 identifiers<br>4. Begins assessment considering both laboring mother and fetus<br>5. Assesses pain<br>6. Engages patient and family in plan of care, calmly reinforcing that patient is in active labor.<br>7. Communicates assessment findings to preceptor using SBAR<br>8. Collaborates with preceptor to call for additional assistance | **Debriefing Points:**<br><br>1. National Patient Safety Goals<br>2. Strategies to gain patient and family cooperation in escalating situation.<br>3. Fetal Heart Patterns indicating normal findings<br>4. Priority setting for stages of labor<br>5. Necessity of team and family communication<br>6. Strategies for assessing patient and family preferences when there has been no prenatal care<br>7. Strategies for teaching patient and family with no prenatal care. |

**ALL DATA IN THIS SCENARIO IS FICTITIOUS**

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|---|---|---|
| 2.<br><br>Patient continues to moan and scream with contractions.  Continues to deny pregnancy.<br><br>Sister tries to console and to help her with breathing.<br><br>Patient states "Give me something for my bellyache so I can go home!" | **Operator:**<br><br>FHR- 130<br><br>Contraction pattern: 1-2 min apart.<br><br>Vital Signs:<br>BP = 158/94<br>Pulse  = 110<br>RR = 28<br>Temp = 100$^0$ F<br>O$_2$ = 98%<br><br>**Triggers:**<br>Learner Actions completed within 5 minutes | **Learner Actions:**<br><br>1. Informs patient and family that the physician will arrive shortly to assess and order some medication for her cramping.<br>2. Informs patient and family of plan of care and what to expect at this stage of labor<br>3. Delivers SBAR to charge nurse who validates assessment and completes vaginal exam<br>4. Recognizes ruptured membranes<br>5. Obtains delivery pack and sets up at bedside with sterile technique<br>6. Continues to support family and patient in laboring process | **Debriefing Points:**<br><br>1. Teamwork and Collaboration skills<br>2. Behaviors indicating imminent delivery<br>3. Strategies for meeting patient and family needs during rapidly progressing labor<br>4. Closed loop communication<br>5. Strategies for dealing with pain in this stage of labor |

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**ALL DATA IN THIS SCENARIO IS FICTITIOUS**

| STATE / PATIENT STATUS | DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE | | |
|---|---|---|---|
| **3.**<br><br>Patient continues to cry but begins to follow instructions and begins to gain control.<br><br>Begins to respond to nurse's communication that she is going to have a baby very soon.<br><br>Responds to sister's assistance. | **Operator:**<br><br>Engage the birthing manikin for normal delivery following the rupture of membranes by charge nurse<br><br>No change in vital signs and fetal heart pattern<br><br>**Triggers**: Infant is delivered | **Learner Actions:**<br><br>1. Follows directions of nurse delivering patient<br>2. Assists in communicating progress and encouragement to patient during delivery<br>3. Suctions infant with bulb syringe<br>4. Performs APGAR assessment of infant<br>5. Assists in delivery of placenta<br>6. Checks placenta for tears, etc. | **Debriefing Points:**<br><br>1. Nursing priorities during and following normal delivery<br>2. Nursing priorities for infant following normal delivery<br>3. Strategies for integrating patient/ family preferences |

Scenario End Point: Physician walks into room following delivery of infant

Suggestions to <u>decrease</u> complexity: decrease labor progression and level of pain / normal early labor progression
Suggestions to <u>increase</u> complexity:
1. Fetal distress; proceed to crash C-section
2. Increase severity of pain
3. Family hysterical, does not respond to nursing interventions and becomes aggressive, requiring Security involvement

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**APPENDIX A: HEALTH CARE PROVIDER ORDERS**

| Patient Name:  | Diagnosis: |
|---|---|
| DOB: | |
| Age: | |
| MR#: | |

†No Known Allergies
†Allergies & Sensitivities

| Date | Time | HEALTH CARE PROVIDER ORDERS AND SIGNATURE |
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| **Signature** | | |

| APPENDIX B: Digital images of manikin and/or scenario milieu | |
|---|---|
| **Insert digital photo here** | **Insert digital photo here** |
| **Insert digital photo here** | **Insert digital photo here** |

**APPENDIX C: DEBRIEFING GUIDE**

| General Debriefing Plan | | | |
|---|---|---|---|
| ☐ Individual | ☐ Group | ☐ With Video | ☐ Without Video |

| Debriefing Materials | | | |
|---|---|---|---|
| ☐ Debriefing Guide | ☐ Objectives | ☐ Debriefing Points | ☐ QSEN |

| QSEN Competencies to consider for debriefing scenarios | | |
|---|---|---|
| ☐ Patient Centered Care | ☐ Teamwork/Collaboration | ☐ Evidence-based Practice |
| ☐ Safety | ☐ Quality Improvement | ☐ Informatics |

**Sample Questions for Debriefing**

1. How did the experience of caring for this patient feel for you and the team?
2. Did you have the knowledge and skills to meet the learning objectives of the scenario?
3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
4. What RELEVANT information was missing from the scenario that impacted your performance? How did you attempt to fill in the GAP?
5. How would you handle the scenario differently if you could?
6. In what ways did you feel the need to check ACCURACY of the data you were given?
7. In what ways did you perform well?
8. What communication strategies did you use to validate ACCURACY of your information or decisions with your team members?
9. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?
10. At what points in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome?
11. Discuss actual experiences with diverse patient populations.
12. Discuss roles and responsibilities during a crisis.
13. Discuss how current nursing practice continues to evolve considering new evidence.
14. Consider potential safety risks and how to avoid them.
15. Discuss the nurses' role in design, implementation, and evaluation of information technologies to support patient care.

**Notes for future sessions:**