

The Reporting and Systems Learning documents establish a culture of huddles for high-risk patients and post-event debriefs to identify successes and opportunities. If patients are admitted to ICU there should be a multidisciplinary review. Outcomes and process metrics to be monitored, such as time to treatment of severe BP < 60 minutes, and adherence to protocols for acute management.

- Charge Nurse Communication Unit Huddle Sheet
<https://www.in.gov/health/laboroflove/files/Charge-Nurse-Communication-Unit-Huddle-Sheet.pdf>
- Nurse to Nurse
<https://www.in.gov/health/laboroflove/files/Nurse-to-Nurse-Huddle.pdf>
- Severe Maternal Hypertension Debriefing
<https://www.in.gov/health/laboroflove/files/Severe-Maternal-Hypertension-Debriefing-form.pdf>
- Hot Debriefing Form
<https://www.in.gov/health/laboroflove/files/Hot-Debriefing-Form.pdf>
- Root Cause Analysis in Response to Patient Event
<https://www.in.gov/health/laboroflove/files/Root-Cause-Analysis-Template.pdf>
- Simulation Scenario Files
<https://www.in.gov/health/laboroflove/files/Simulation-Scenario-Files.pdf>
- Postpartum Procardia Simulation
<https://www.in.gov/health/laboroflove/files/Postpartum-Procardia-Simulation.pdf>
- ICD 10 Codes for Hypertension
<https://www.in.gov/health/laboroflove/files/ICD-10-codes-for-Hypertension.pdf>



Charge Nurse Communication Unit Huddle Sheet **Date:**

Shift:

Please allow items that are **not** time contingent to expire 8 days after posting

Items We Are Tracking

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Recognition/Daily Inspiration

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Maintenance Issues

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Maintenance Issues

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Medical Equipment in Room

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High-Risk/Increased Acuity

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Social Concerns

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Social Concerns

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Updates **Posted Date** **Expired Date**

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NURSE TO NURSE HUDDLE

Patient Name:		Physician:		
G__P__T__A__L__		EDC:		GA:
Reason for Admission:				
Allergies:		Significant History:		
PPH Risk Assessment: Low (Clot) Medium (T&S) High (T&C)		Home Medications:		
Prenatal Labs				
Blood Type:	GBS:	Rubella:	HIV:	Hep B:
Hep C:	RPR:	Other:		
Admission/Current Labs				
Hgb	Hct	WBC	Platelets	
Other Significant Labs:				COVID:
Fetal Status:		Antenatal Steroids Dose #1 _____ @ _____ Dose #1 _____ @ _____		
Current VE:		Membranes:		
<input type="checkbox"/> Magnesium ___ Gram Bolus @ _____ ___ Gram Continuous		Admit Reflexes:	Clonus:	
		Edema:		
Physical Assessment/Complaints:		Current Vitals:		
Antihypertensives				
<input type="checkbox"/> Labetalol ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____		<input type="checkbox"/> Hydralazine ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____		<input type="checkbox"/> Procardia ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____ ___ mg @ _____
Support Person:		Boy Girl Surprise		
Pain Management Plan:		Breast Bottle		
Birth Plan/Requests:				

SEVERE MATERNAL HYPERTENSION DE-BRIEFING FORM

Debrief Participants: _____

Place patient sticker here

Date and Time of Event: _____ GA at Event (weeks & days): _____

Goal: Reduce time to treatment (<60minutes) for new onset severe hypertension (≥ 160 systolic OR ≥ 110 diastolic) with preeclampsia or eclampsia or chronic/gestational hypertension with superimposed preeclampsia (include patients from triage, L&D, Antepartum, PP, ED) up to 6 months postpartum. Complete within 24 hours.

Medical Management		Medications	Dosage Given	Reason Not Given
Time: hh:mm	Measure	<input type="checkbox"/> Labetalol	<input type="checkbox"/> 20 mg <input type="checkbox"/> 40 mg <input type="checkbox"/> 80 mg	
	BP reached ≥ 160 or diastolic ≥ 110 (sustained >15 minutes) <i>Severe increase in BP that can lead to a stroke, typically systolic ≥ 180, diastolic ≥ 120</i>	<input type="checkbox"/> Hydralazine	<input type="checkbox"/> 5 mg <input type="checkbox"/> 10 mg	
	First BP med given	<input type="checkbox"/> Nifedipine	<input type="checkbox"/> 10 mg	
	BP reached <160 and diastolic BP <110	<input type="checkbox"/> Magnesium Sulfate Bolus	<input type="checkbox"/> 4gm <input type="checkbox"/> 6gm <input type="checkbox"/> Other	
Did diastolic pressure fall to <80 within one hour after meds given?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Magnesium Sulfate Maintenance	<input type="checkbox"/> 1gm/hour <input type="checkbox"/> 2gm/hour <input type="checkbox"/> 3gm/hour <input type="checkbox"/> Other	
If yes, was there corresponding deterioration in FH rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Any ANS (if <34 weeks)	<input type="checkbox"/> Partial Course <input type="checkbox"/> Complete Course <input type="checkbox"/> Not Given	
OB Complications				
<input type="checkbox"/> OB hemorrhage with transfusion ≥ 4 units of blood products	<input type="checkbox"/> Renal Failure	<input type="checkbox"/> HELLP Syndrome		
<input type="checkbox"/> Intracranial hemorrhage or Ischemic event	<input type="checkbox"/> Placental Abruption	<input type="checkbox"/> DIC		
<input type="checkbox"/> Pulmonary Edema	<input type="checkbox"/> ICU Admission	<input type="checkbox"/> Ventilation		
<input type="checkbox"/> Oliguria	<input type="checkbox"/> Eclampsia	<input type="checkbox"/> Other		
	<input type="checkbox"/> Liver Failure	<input type="checkbox"/> None		
Discharge Management:				
Follow-up appointment scheduled within 3-10 days	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		
Was patient discharged on meds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>		
If yes, was follow-up appointment scheduled in < 72 hrs?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Were education materials about preeclampsia given?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

<i>Thinking about how the hypertension event was managed</i>		
Identify what went well	Identify opportunities for improvement "human factors"	Identify opportunities for improvement "non-human factors"
<input type="checkbox"/> Communication went well <input type="checkbox"/> Teamwork went well <input type="checkbox"/> Leadership went well <input type="checkbox"/> Decision-making went well <input type="checkbox"/> Recognition to response went well <input type="checkbox"/> Roles of responding personnel went well <input type="checkbox"/> Other	<input type="checkbox"/> Communication needed improvement <input type="checkbox"/> Teamwork needed improvement <input type="checkbox"/> Leadership needed improvement <input type="checkbox"/> Decision-making needed improvement <input type="checkbox"/> Recognition to response needed improvement <input type="checkbox"/> Other:	<input type="checkbox"/> Delay in blood products availability <input type="checkbox"/> Equipment issues <input type="checkbox"/> Medication issues <input type="checkbox"/> Inadequate support (in-unit or other areas) <input type="checkbox"/> Delay in transport of patient <input type="checkbox"/> Other:
Comments:	Comments:	Comments:

1) What could have been improved for this patient's care? Could we have predicted or prevented this?

2) Was the team leader identified and in control? Were team roles clear and appropriate?

3) Did we communicate clearly and use closed-loop communication?

4) Was rapid response consulted?

HOT DEBRIEF

Occurs within 10 minutes of the conclusion of the event

Event Date: _____ Event Time: _____ Debrief time: _____

Debrief leader: _____

Attendees (circle): NURSE MD RT STUDENTS SW CHAPLAIN PCD ORDERLY PCA PHARMACY

Please take a 15 second pause

Thank the team for their work and efforts to help the patient, speak in a professional and friendly tone

1) What went well?

2) What could have been improved for this patient's care? Could we have predicted or prevented this?

3) Were there any system, process, or equipment issues identified?

4) Were there any delays in treating blood pressures within specified 60 minute time frame?

5) Was the team leader identified and in control? Were team roles clear and appropriate?

6) Did we communicate clearly and use closed-loop communication?

<https://safehealthcareforeverywoman.org/wp-content/uploads/2017/02/MEWS-Protocol.pdf>

**Confidential Quality Assurance Material
Root Cause Analysis in Response to Patient Event**

Review Case #	Event Date/Time:	Reported to RM Date		Final Risk Committee Date:
	RMPSC Date:	Sentinel Event: no		Never Event:
ISDOH Case #	Age:	Sex:	Location:	Risk Analyst:
	Diagnosis:			
Attendees by Role	Expert Meeting:			
Details of Event				
Areas of Service Affected:				

**Confidential Quality Assurance Material
Root Cause Analysis in Response to Patient Event**

Process As Designed

Circumstances Beyond Our Control that Contribute to the Event Occurrence

Uncontrollable Contributory Factors

Human Contributing Factors

Staffing Effectiveness

Proper Qualifications and Competency for Role

Staff Performance

Communication

**Confidential Quality Assurance Material
Root Cause Analysis in Response to Patient Event**

Information Management Factors

Information Management Factors

Environmental Factors

Equipment Factors

Work Environment Factors

Environmental Factors (Emergency and Failure Mode in Place)

Code Blue Procedures

Rapid Response Teams

**Confidential Quality Assurance Material
Root Cause Analysis in Response to Patient Event**

Environmental Factors (What systems are in place to Identify Risks)

TJC Mandated Safety Regulations

Organizational, departmental, and unit policies/procedures

Organizational Risk Culture

Corporate Culture (How is IU Health culture conducive to risk identification and reduction)

Work environment that encourages disclosure of issues which may facilitate patient risk

Unit representation and participation in the IU Health Safe Passage Program

Communication Encouragement (Are there barriers to communicate risk factors)

Risk Reduction Priorities (How are the risk reduction priorities communicated?)

Patient safety is an organizational priority and is supported by IU Health Leadership

Root Cause

Patient Outcome & Disposition

**Confidential Quality Assurance Material
Root Cause Analysis in Response to Patient Event**

<i><u>Resources (Evidence-Based References)</u></i>
<i><u>Policies and Procures Impacted</u></i>

SIMULATION SCENARIO DESIGN WORKSHEET

Today's Date:	Name of Scenario Author: Email: Phone:
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GENERAL SCENARIO INFORMATION

Est. Pre-briefing Time:	Est. Scenario Time:	Est. Debriefing Time:	Course #:
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Title of Scenario:

A. Hypertension in pregnancy-assessment of patient

Brief Description:

39.2 W HTN, induction for labor. Placed in labor room at 0600. Consents signed and patient placed on FHR monitor.

Setting of Sim: L/D room

Facilitators:

Dates of Sims:

Pilot Date :

12/17/19

1/9/20

Type of Simulation (check all that apply) : Task Trainer Mannequin Actor/SP

Scenario recording requested

yes no

Classroom needed

yes no

Debriefing Room needed

yes no

PARTICIPANT INFORMATION

Disciplines:	Total Number:	Number per Sim:
RNs		2-4
MDs		
RTs		
Pharmacists		
CSTs		
Other		

LEARNING OUTCOMES

**Team STEPPS® competencies (leadership, mutual support, situation monitoring, communication) are to be incorporated into every simulation to promote patient safety (ahrq.gov, 2017)*

General Learning Outcomes (to be disclosed to participants)

Appropriate nursing care of OB HTN pt

Scenario Specific Outcomes (for facilitator only)

Objectives:

1. Learner will perform a head-to-toe assessment on an HTN patient.
2. Learner will perform DTR assessment appropriately.
3. Learner will assess BP appropriately.
4. Learner will identify elevated blood pressure.
5. Learner will document assessment in EMR.

Expected cognitive skills to be demonstrated by participant:

Assess•

Understands what it means to have a hypertensive disorder in pregnancy diagnosis.
Discuss signs and symptoms of hypertensive disorder in pregnancy.

Document

Discuss the appropriate documentation guidelines.

Expected psychomotor skills to be demonstrated by participant:

- Performs proper assessment of hypertensive patient.
- Recognizes signs and symptoms, lab values, and vital signs associated with hypertensive disorder.
- Performs neuro assessment, including level of consciousness, DTRs, presence of visual disturbance, headache, and epigastric pain.

Expected affective skills to be demonstrated by participant:

Demonstrates assessment of patient and notifies physician using SBAR.
Documents assessments and practices appropriately in the EMR.
Commits to providing patient comfort and safety.

PRE-BRIEFING INFORMATION

Pre-requisite Knowledge/Reading/Testing (provide references on last page):

POEP:

Module 8 Complications of Pregnancy, Part 2

CBT:

FHCI Hypertensive Disorders in Pregnancy

Policy:

Hypertensive Disorder in Pregnancy

NOTE TO FACILIATORS: Prior to beginning the simulation, participants must be oriented to simulator and/or setting, understand guidelines and expectations for their scenario(s), have completed all pre-work, and understand their assigned roles.

Pre-Briefing Report to Participants

S

PATIENT	Tonya	AGE/SEX	32 yr old	ADMISSION WEIGHT	
PRIMARY MD	Triplett and/or Fam. Med MD		PROCEDURE		
CONSULTS			CODE STATUS	Full	
DX	HTN in pregnancy		PASSWORD		
CURRENT PROBLEM	Elevated blood pressures in pregnancy, induction		NEXT OF KIN	Husband: Matt	
				DIET	NPO

B

HX	39.2 weeks gestation Induction of labor Chronic Hypertension- not on medications				
ALLERGIES	NKDA				
MEDICATIONS	PNV				
SAFETY/PRECAUTIONS	none				
RESTRAINTS	none				

A

CURRENT CONDITION		<input type="checkbox"/> VENT	<input type="checkbox"/> ETT	SIZE		LOCATION	
SKIN		PAIN	0 /10	MODE		RATE	<input type="checkbox"/> PEEP
CARDIO/RHYTHM/PULSES		FIO2		<input type="checkbox"/> PS		<input type="checkbox"/> NC	<input type="checkbox"/> CPAP/BIPAP
RESP	Clear lung sounds		<input checked="" type="checkbox"/> IV LINES				
NEURO	A/Ox3, DTRs normal		<input type="checkbox"/> PICC/CVL		<input type="checkbox"/> ART		
GI/GU	BM	VOID		<input checked="" type="checkbox"/> MIVF	LR at 125 ml/hr		
	<input type="checkbox"/> FOLEY		<input type="checkbox"/> DRIPS				
TUBES	<input type="checkbox"/> NG/OG	<input type="checkbox"/> JP	<input type="checkbox"/> CT				
I/O							
VITALS	Routine						
ACTIVITY	Up ad lib						

R

SUGGESTIONS/RECOMMENDATIONS/REQUESTS TO MD/NURSE							
ORDERS	Admit to inpatient. Full Code. Activity as tolerated Vital signs, routine						

	Pain assessment, routine Intake and output, routine Diet Clear liquid Insert peripheral IV CBC with dif STAT Hold Specimen-blood bank STAT UDS STAT LR 125ml/hr
ANTICIPATED CHANGES OR OTHER ISSUES	
PENDING LABS	

SET UP/RESOURCES		
(for simulation center staff)		
Simulation Setting		
<input type="checkbox"/> ER <input type="checkbox"/> Med-Surg <input type="checkbox"/> Pediatrics <input type="checkbox"/> ICU <input type="checkbox"/> OR / PACU	<input checked="" type="checkbox"/> Women's & Children's <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Home Health <input type="checkbox"/> Pre-Hospital <input type="checkbox"/> Doctor's office/clinic (table, chairs and exam table) <input type="checkbox"/> Other:	
Time of Day: morning		
Is the patient a mannequin or a Standardized Patient (SP)? mannequin		
Appearance of Mannequin		
Clothing gown	Moulage	Incisions/Dressings
Appearance of Actor/SP		
Clothing	Moulage	Incisions/Dressings
Monitor Waveform Setup		
EKG/HR <input type="checkbox"/>	RR <input type="checkbox"/>	O2 Sat <input type="checkbox"/>
BP <input type="checkbox"/>	Arterial Line <input type="checkbox"/>	PAP <input type="checkbox"/>
ETCO2 <input type="checkbox"/>	Other: FHR, contractions every 5 minutes	
Equipment attached to patient		
ECG Monitor <input type="checkbox"/>	BP Cuff <input checked="" type="checkbox"/>	Arterial/PA lines <input type="checkbox"/>
Oxygen Sat Probe <input checked="" type="checkbox"/>	NG tube <input type="checkbox"/>	Foley <input type="checkbox"/> Urine Color:
Chest Tube <input type="checkbox"/>	Vent <input type="checkbox"/>	IV line <input checked="" type="checkbox"/>

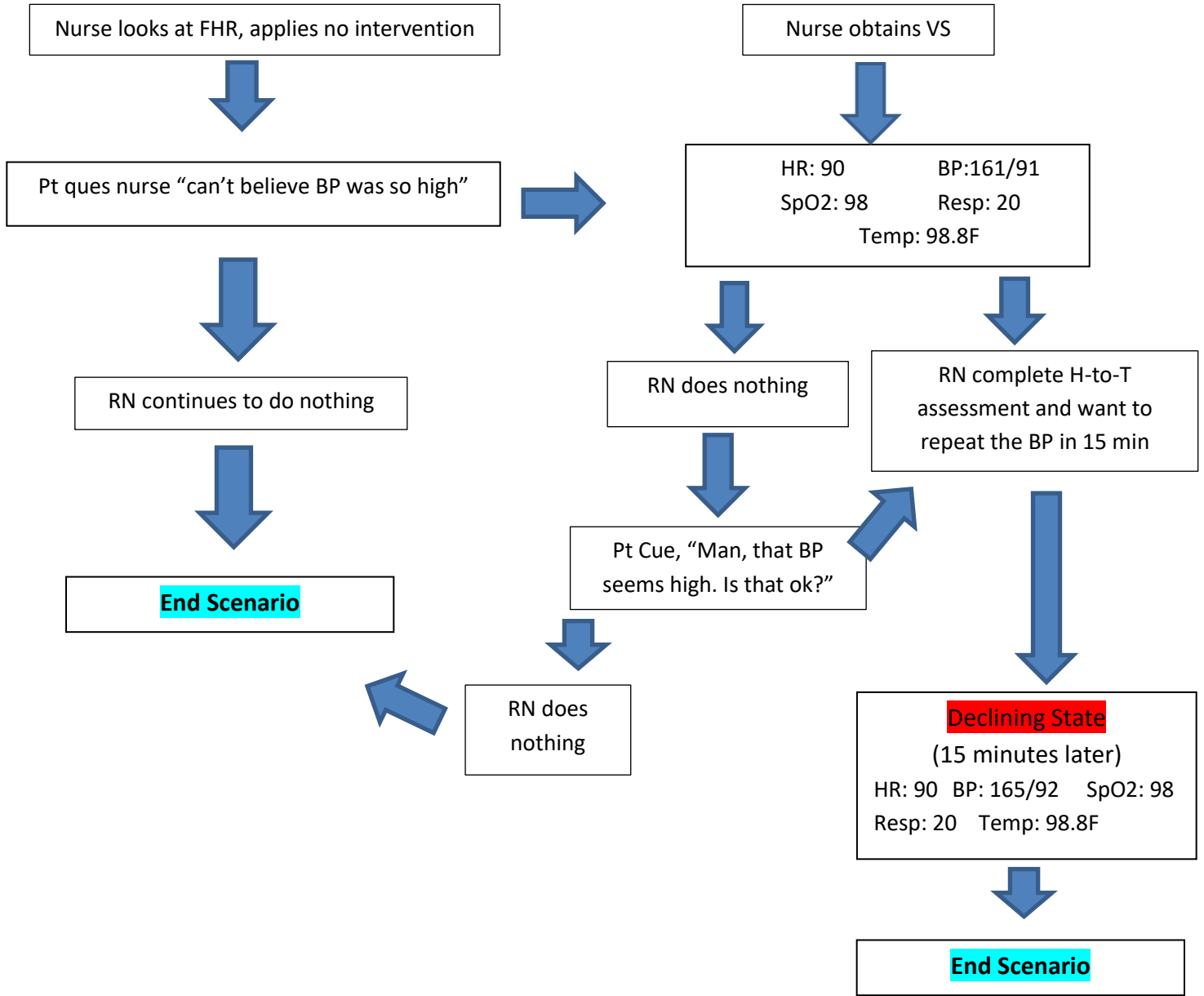
ID Band/MRN <input checked="" type="checkbox"/>	Allergy Band <input type="checkbox"/>	IO <input type="checkbox"/>	SCDs <input type="checkbox"/>
Fall Blanket/Footies <input checked="" type="checkbox"/>	Other:		
IV Type			
PIV <input checked="" type="checkbox"/>	Saline Lock <input type="checkbox"/>	Central Line <input type="checkbox"/>	
PICC <input type="checkbox"/>	UVC/UAC <input type="checkbox"/>		
IV Fluids/Rate			
NS	D5	D10	
LR running @ 125	Other:		
Rate of Fluids:			
Medications (to be retrieved from Pyxis)			
PO	IVP	IVPB	
		Pitocin 500ml bag infusing at 1ml/hr (1mu/hr)	
Medication Equipment Available in the Room			
IV Pump <input checked="" type="checkbox"/>	Number of channels 2	IV Pump Tubing <input type="checkbox"/>	
IV Piggyback tubing <input type="checkbox"/>	IV gravity tubing <input type="checkbox"/>	Extra IV tubing <input type="checkbox"/>	
Syringes/#/Size	Needles/#/size	Med cart/Pyxis	
IV start supplies/angio gauge	Art Line <input type="checkbox"/>	PA Catheter <input type="checkbox"/>	
Pressure bag <input type="checkbox"/>	Syringe pump <input type="checkbox"/>	Syringe pump tubing <input type="checkbox"/>	
IO <input type="checkbox"/>	Umbilical Line <input type="checkbox"/>	Other	
Cardiac Equipment Available in the room			
12 lead ECG machine <input type="checkbox"/>	Code Cart <input type="checkbox"/>	Defibrillator <input type="checkbox"/>	
Temp Pacemaker <input type="checkbox"/>	Telemetry Pack <input type="checkbox"/>	AED <input type="checkbox"/>	
Respiratory Equipment Available in the room			
Nasal cannula <input checked="" type="checkbox"/>	Simple Facemask <input type="checkbox"/>	Venturi Mask <input type="checkbox"/>	
Non-rebreather <input checked="" type="checkbox"/>	IS <input type="checkbox"/>	Trach <input type="checkbox"/>	
BiPAP/CPAP <input type="checkbox"/>	Vent <input type="checkbox"/>	Suction <input type="checkbox"/>	
Suction cath/#/size	Intubation box <input type="checkbox"/>	Other: suction set up on table so that during prebrief learners can learn to set up	
GI Equipment Available in the room			
NG/OG <input type="checkbox"/>	G tube <input type="checkbox"/>	Feeding pump <input type="checkbox"/>	
Feeding bag <input type="checkbox"/>	Dining tray <input type="checkbox"/>	Other:	
GU Equipment Available in the room			

Foley <input type="checkbox"/>	Condom catheter <input type="checkbox"/>	SP catheter <input type="checkbox"/>
Urinal <input type="checkbox"/>	Bedpan	Other:
Other Supplies		
TED hose <input type="checkbox"/>	SCDs <input type="checkbox"/>	Dressing Supplies <input type="checkbox"/>
Venipuncture <input type="checkbox"/>	Blood tubes <input type="checkbox"/>	Culture tubes <input type="checkbox"/>
Thermometer <input checked="" type="checkbox"/>	Pen light <input type="checkbox"/>	Fall blanket/footies <input type="checkbox"/>
Any additional set up notes for sim staff: stethoscope. Reflex hammer, Assessment QR codes (or something for clonus and reflexes)		

Scenario Progression Storyboard

Patient Initial State

Tonya is here today for her scheduled induction of labor for 39.2 weeks. Induction started at 0600. Night shift has started her admission and has signed consents, started her IV, and placed her on the EFM/TOCO.
FHR: 140, moderate variability, with accelerations.
Pain: 0 out of 10



Progression Outline

Timing	Patient verbal and/or non-verbal communication	Participant expected behaviors/interventions	Patient Response (potential cues for participant if needed?)
Beginning (0-2 mins)	<ul style="list-style-type: none"> • Sitting up in bed • has the EFM/TOCO on • not in any pain. 	<ul style="list-style-type: none"> • RN asks pt how she is feeling and why being induced • Takes VS (HR, BP, SpO2, Resp, Temp-tape temp on thermometer) 	<ul style="list-style-type: none"> • I have been having elevated blood pressures during my pregnancy (140s/80s).
2-5 mins	<ul style="list-style-type: none"> • Patient starting to be concerned about her elevated blood pressure. 	<ul style="list-style-type: none"> • RN notices that the BP is elevated • Inform patient that her BP is above call orders at this time and is going to retake in 15 min. 	<ul style="list-style-type: none"> • Is my blood pressure okay?
5-12 mins	<ul style="list-style-type: none"> • Pt slightly nervous, otherwise normal 	<ul style="list-style-type: none"> • Start performing H-to-T assessment • Ask questions: HA? Blurry vision/vision changes? Epigastric pain? • Listen to lung and heart sounds • Perform clonus and reflex assessment (DTR) • Document findings in EPIC 	<ul style="list-style-type: none"> • No HA, blurry vision, or pain

12-15 mins	<ul style="list-style-type: none"> • Still slightly anxious 	<ul style="list-style-type: none"> • Re-take VS (BP, HR) 	<ul style="list-style-type: none"> • Is my BP better?
End of Scenario (When objectives met? At specified time period)		<ul style="list-style-type: none"> • Informs pt of results and calling MD 	

SP role description	
Name and Role in scenario (Patient? Family member?)	
Brief Scenario Summary	
Patient location	
History pertinent to simulation	
Mental State/Demeanor	

Questions/comments SP may verbalize during scenario	
SP Observations	How does the staff communicate with you and with each other?

DEBRIEFING GUIDE

With Video

Without Video

Debriefing/Guided Reflection Questions:

1. How did you feel throughout the simulation experience
2. Tell me what went well.

General learning outcome(s)
Appropriate nursing care of OB HTN pt
Scenario Specific Outcomes *Copy from page 2 of this form*
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Did you patient have elevated blood pressure? How did you know this? 2. I see you performed a head-to-toe assessment, tell me about this? 3. Tell me how you performed reflexes assessment? Have you ever done this before? Do we need more practice? 4. Tell me how you knew which blood pressure cuff to use? Tell me how you took her blood pressure. 5. Tell me how you document your assessment

3. Let's review the objectives and discuss whether we were successful or not
4. If you were able to repeat the scenario, what would you do differently?
5. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
6. Talk about how you will transfer what is learned during this experience to your work setting.
7. Is there anything else you would like to discuss?

Evaluation Tools
 Attach to this page the evaluation tools (surveys, tests) that you plan to use

References***List references for your educational content***

ahrq.gov. (2017, August). *TeamSTEPPS 2.0 Team Strategies and Tools to Enhance Performance and Patient Safety*. Retrieved from <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3119563/>

SIMULATION SCENARIO DESIGN WORKSHEET

Today's Date:	Name of Scenario Author: Email: Phone:
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GENERAL SCENARIO INFORMATION

Est. Pre-briefing Time:	Est. Scenario Time:	Est. Debriefing Time:	Course #:
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Title of Scenario:
B. Hypertension panels

Brief Description:
39.2 W HTN, induction for labor. Placed in labor room at 0600. Consents signed and patient placed on FHR monitor. 2 elevated blood pressures above call orders. RN will call MD, give SBAR report, and obtain panel orders.

Setting of Sim: L/D room

Facilitators:

Dates of Sims:	Pilot Date : 12/17/19 1/9/20
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Type of Simulation (check all that apply) : Task Trainer Mannequin Actor/SP

Scenario recording requested <input type="checkbox"/> Yes <input type="checkbox"/> no	Classroom needed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Debriefing Room needed <input type="checkbox"/> Yes <input type="checkbox"/> no
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PARTICIPANT INFORMATION

Disciplines:	Total Number:	Number per Sim:
RNs		2-4
MDs		
RTs		
Pharmacists		
CSTs		
Other		

LEARNING OUTCOMES

**Team STEPPS® competencies (leadership, mutual support, situation monitoring, communication) are to be incorporated into every simulation to promote patient safety (ahrq.gov, 2017)*

General Learning Outcomes (to be disclosed to participants)

Appropriate nursing care of OB HTN pt

Scenario Specific Outcomes (for facilitator only)

Objectives:

1. Learner will complete an SBAR report to a Physician.
2. Learner will find and place the appropriate orders given in EMR.
3. Learner will give Labetalol appropriately.
4. Learner will follow blood pressure protocol after medication administered.

Expected cognitive skills to be demonstrated by participant:

Plan•

Discusses warning signs of a hypertensive disorder.

Implement

Identify precautions used for hypertensive disorders (seizure precautions, timing of checks, decrease environmental stimuli, etc).

Document

Discuss the appropriate documentation guidelines.

Expected psychomotor skills to be demonstrated by participant:

- Performs proper assessment of hypertensive patient.
- Recognizes signs and symptoms, lab values, and vital signs associated with hypertensive disorder.
- Performs neuro assessment, including level of consciousness, DTRs, presence of visual disturbance, headache, and epigastric pain.

Expected affective skills to be demonstrated by participant:

Demonstrates assessment of patient and notifies physician using SBAR.
Documents assessments and practices appropriately in the EMR.
Commits to providing patient comfort and safety.

PRE-BRIEFING INFORMATION

Pre-requisite Knowledge/Reading/Testing (provide references on last page):

POEP:

Module 8 Complications of Pregnancy, Part 2

CBT:

FHCI Hypertensive Disorders in Pregnancy

Policy:

Hypertensive Disorder in Pregnancy

NOTE TO FACILIATORS: Prior to beginning the simulation, participants must be oriented to simulator and/or setting, understand guidelines and expectations for their scenario(s), have completed all pre-work, and understand their assigned roles.

Pre-Briefing Report to Participants

S

PATIENT	Tonya	AGE/SEX	32 yr old	ADMISSION WEIGHT	
PRIMARY MD	Triplett and/or Fam. Med MD		PROCEDURE		
CONSULTS			CODE STATUS	Full	
DX	HTN in pregnancy		PASSWORD		
CURRENT PROBLEM	Elevated blood pressures in pregnancy, induction		NEXT OF KIN	Husband: Matt	
				DIET	clears

B

HX	39.2 weeks gestation Induction of labor Chronic Hypertension- not on medications				
ALLERGIES	NKDA				
MEDICATIONS	PNV				
SAFETY/PRECAUTIONS	none				
RESTRAINTS	none				

A

CURRENT CONDITION		<input type="checkbox"/> VENT	<input type="checkbox"/> ETT	SIZE		LOCATION	
SKIN		PAIN	0 /10	MODE		RATE	<input type="checkbox"/> PEEP
CARDIO/RHYTHM/PULSES		FIO2		<input type="checkbox"/> PS		<input type="checkbox"/> NC	<input type="checkbox"/> CPAP/BIPAP
RESP	Clear lung sounds		<input checked="" type="checkbox"/> IV LINES				
NEURO	A/Ox3, DTRs normal		<input type="checkbox"/> PICC/CVL		<input type="checkbox"/> ART		
GI/GU	BM	VOID		<input checked="" type="checkbox"/> MIVF	L R at 125ml/hr		
	<input type="checkbox"/> FOLEY			<input type="checkbox"/> DRIPS			
TUBES	<input type="checkbox"/> NG/OG	<input type="checkbox"/> JP	<input type="checkbox"/> CT				
I/O							
VITALS	Routine						
ACTIVITY	Up ad lib						

R

SUGGESTIONS/RECOMMENDATIONS/REQUESTS TO MD/NURSE	
Call MD for orders	
ORDERS	Admit to inpatient. Full Code. Activity as tolerated Vital signs, routine

	Pain assessment, routine Intake and output, routine Diet Clear liquid Insert peripheral IV CBC with dif STAT Hold Specimen-blood bank STAT UDS STAT LR 125ml/hr
ANTICIPATED CHANGES OR OTHER ISSUES	
PENDING LABS	

SET UP/RESOURCES (for simulation center staff)		
Simulation Setting		
<input type="checkbox"/> ER <input type="checkbox"/> Med-Surg <input type="checkbox"/> Pediatrics <input type="checkbox"/> ICU <input type="checkbox"/> OR / PACU	<input checked="" type="checkbox"/> Women's & Children's <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Home Health <input type="checkbox"/> Pre-Hospital <input type="checkbox"/> Doctor's office/clinic (table, chairs and exam table) <input type="checkbox"/> Other:	
Time of Day: morning		
Is the patient a mannequin or a Standardized Patient (SP)? mannequin		
Appearance of Mannequin		
Clothing gown	Moulage	Incisions/Dressings
Appearance of Actor/SP		
Clothing	Moulage	Incisions/Dressings
Monitor Waveform Setup		
EKG/HR <input type="checkbox"/>	RR <input type="checkbox"/>	O2 Sat <input type="checkbox"/>
BP <input type="checkbox"/>	Arterial Line <input type="checkbox"/>	PAP <input type="checkbox"/>
ETCO2 <input type="checkbox"/>	Other:	
Equipment attached to patient		
ECG Monitor <input checked="" type="checkbox"/> have ready, staff will have to place it on patient	BP Cuff <input checked="" type="checkbox"/>	Arterial/PA lines <input type="checkbox"/>
Oxygen Sat Probe <input checked="" type="checkbox"/>	NG tube <input type="checkbox"/>	Foley <input type="checkbox"/> Urine Color:
Chest Tube <input type="checkbox"/>	Vent <input type="checkbox"/>	IV line <input checked="" type="checkbox"/>

ID Band/MRN <input checked="" type="checkbox"/>	Allergy Band <input type="checkbox"/>	IO <input type="checkbox"/>	SCDs <input type="checkbox"/>
Fall Blanket/Footies <input checked="" type="checkbox"/>	Other: FHM attached to pt		
IV Type			
PIV <input checked="" type="checkbox"/>	Saline Lock <input type="checkbox"/>	Central Line <input type="checkbox"/>	
PICC <input type="checkbox"/>	UVC/UAC <input type="checkbox"/>		
IV Fluids/Rate			
NS	D5	D10	
LR running @ 125	Other:		
Rate of Fluids:			
Medications (to be retrieved from Pyxis)			
PO	IVP	IVPB	
	1. Labetalol 20/40/80 (ask Gina to make fake meds)		
Medication Equipment Available in the Room			
IV Pump <input checked="" type="checkbox"/>	Number of channels 2	IV Pump Tubing <input checked="" type="checkbox"/>	
IV Piggyback tubing <input type="checkbox"/>	IV gravity tubing <input type="checkbox"/>	Extra IV tubing <input checked="" type="checkbox"/>	
Syringes/#/Size 3 10 ml flushes	Needles/#/size	Med cart/Pyxis Pyxis needs to have Labetalol	
IV start supplies/angio gauge	Art Line <input type="checkbox"/>	PA Catheter <input type="checkbox"/>	
Pressure bag <input type="checkbox"/>	Syringe pump <input type="checkbox"/>	Syringe pump tubing <input type="checkbox"/>	
IO <input type="checkbox"/>	Umbilical Line <input type="checkbox"/>	Other	
Cardiac Equipment Available in the room			
12 lead ECG machine <input type="checkbox"/>	Code Cart <input type="checkbox"/>	Defibrillator <input type="checkbox"/>	
Temp Pacemaker <input type="checkbox"/>	Telemetry Pack <input type="checkbox"/>	AED <input type="checkbox"/>	
Respiratory Equipment Available in the room			
Nasal cannula <input checked="" type="checkbox"/>	Simple Facemask <input type="checkbox"/>	Venturi Mask <input type="checkbox"/>	
Non-rebreather <input checked="" type="checkbox"/>	IS <input type="checkbox"/>	Trach <input type="checkbox"/>	
BiPAP/CPAP <input type="checkbox"/>	Vent <input type="checkbox"/>	Suction <input type="checkbox"/>	
Suction cath/#/size	Intubation box <input type="checkbox"/>	Other	
GI Equipment Available in the room			
NG/OG <input type="checkbox"/>	G tube <input type="checkbox"/>	Feeding pump <input type="checkbox"/>	
Feeding bag <input type="checkbox"/>	Dining tray <input type="checkbox"/>	Other:	

GU Equipment Available in the room		
Foley <input checked="" type="checkbox"/>	Condom catheter <input type="checkbox"/>	SP catheter <input type="checkbox"/>
Urinal <input type="checkbox"/>	Bedpan	Other:
Other Supplies		
TED hose <input type="checkbox"/>	SCDs <input type="checkbox"/>	Dressing Supplies <input type="checkbox"/>
Venipuncture <input type="checkbox"/>	Blood tubes <input type="checkbox"/>	Culture tubes <input type="checkbox"/>
Thermometer <input checked="" type="checkbox"/>	Pen light <input type="checkbox"/>	Fall blanket/footies <input type="checkbox"/>
Any additional set up notes for sim staff: stethoscope. Reflex hammer, Assessment QR codes (or something for clonus and reflexes), seizure precautions equip (blankets, cloth tape)		

Scenario Progression Storyboard

Patient Initial State

Tonya is reclining in her bed. She is anxious and nervous when the RN returns to the room.

FHR: 140, moderate variability, accelerations HR:90 BP: 162/90 SpO2: 98 Resp: 20 Temp: 98.8F

MD calls via Vocera to RN. RN to give SBAR report to RN. MD gives orders for Labetalol Panel and seizure precautions to be ordered.

Order to be placed into Epic.

Nurse overrides Labetalol to give to patient.

RN places pt on EKG

RN does nothing

Pt cues nurse "what did the doctor say?"

Labetalol 20mg IV push.

"Will that medicine affect my HR?"

Head-to-toe assessment performed.

RN does nothing

Pt Cue, "Man, that BP seems high. Is that ok?"

End Scenario

Declining State (10 minutes later)-

FHR: 140, moderate variability, accels
HR: 92 BP: 170/100
SpO2: 98 Resp: 20 Temp: 98.8F

RN does nothing

Give Labetalol 40 mg IV push.

End Scenario

Progression Outline

Timing	Patient verbal and/or non-verbal communication	Participant expected behaviors/interventions	Patient Response (potential cues for participant if needed?)
Beginning (0-2 mins)	<ul style="list-style-type: none"> Pt getting more nervous/anxious, otherwise normal 	<ul style="list-style-type: none"> RN informs patient on the order received and answers any questions. Places order in Epic Puts patient on EKG 	<ul style="list-style-type: none"> What did the doctor say?
2-5 mins	<ul style="list-style-type: none"> Pt questions about the medication and will this affect my baby 	<ul style="list-style-type: none"> RN gets medication out of Pyxis Scans appropriate amount Pushes med over 2 minutes 	
5-7 mins	<ul style="list-style-type: none"> Pt nervous/anxious, otherwise normal 	<ul style="list-style-type: none"> Performs H-to-t assessment. Seizure precautions placed on patient Ask questions: HA? Blurry vision/vision changes? Epigastric pain? Listen to lung and heart sounds Perform clonus and reflex assessment (DTR) Document findings in EPIC and seizure precautions. 	<ul style="list-style-type: none"> Pt Cue, "Man, that BP seems high. Is that ok?" No HA, blurry vision, or pain

7-10 mins	<ul style="list-style-type: none"> Pt is questioning about the reading 	<ul style="list-style-type: none"> Re-take VS (BP, HR) Recognizes it is high Informs pt of results 	<ul style="list-style-type: none"> Is my BP better?
End of Scenario (When objectives met? At specified time period)		<ul style="list-style-type: none"> Gives another dose of medication 	

SP role description

Name and Role in scenario (Patient? Family member?)	
Brief Scenario Summary	
Patient location	
History pertinent to simulation	
Mental State/Demeanor	

Questions/comments SP may verbalize during scenario	
SP Observations	How does the staff communicate with you and with each other?

DEBRIEFING GUIDE

With Video

Without Video

Debriefing/Guided Reflection Questions:

1. Let's start with the series of events. Let's walk through what happened.
2. How did you feel throughout the simulation experience?
3. Tell me what went well.

General learning outcome(s)
Appropriate nursing care of OB HTN pt
Scenario Specific Outcomes *Copy from page 2 of this form*
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Tell me about your SBAR with the physician. How did you feel/concerns/questions? 2. Tell me about how placing the orders in the EMR went. 3. What medication did you give your patient? How did that feel? Comfortable/need more practice? 4. Tell me about your next steps once you are in the HTN protocol.

4. Let's review the objectives and discuss whether we were successful or not.
5. If you were able to repeat the scenario, what would you do differently?
6. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
7. Talk about how you will transfer what is learned during this experience to your work setting.
8. Is there anything else you would like to discuss?

Evaluation Tools

Attach to this page the evaluation tools (surveys, tests) that you plan to use

References***List references for your educational content***

ahrq.gov. (2017, August). *TeamSTEPPS 2.0 Team Strategies and Tools to Enhance Performance and Patient Safety*. Retrieved from <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3119563/>

MD speaking points

Actions	Statements
SBAR called to MD	Hello, _____. What is going on?
	Yes, that is my patient. Any signs and symptoms? How is her DTRs? Blurry vision? Headache? Epigastric pain?
RN answers	Start the Labetalol panel and call me back with an update in an hour.

SIMULATION SCENARIO DESIGN WORKSHEET

Today's Date:	Name of Scenario Author: Email: Phone:
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GENERAL SCENARIO INFORMATION

Est. Pre-briefing Time:	Est. Scenario Time:	Est. Debriefing Time:	Course #:
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Title of Scenario:
C. Hypertension with seizure

Brief Description:
39.2 W HTN, induction for labor. Placed in labor room at 0600. Consents signed and patient placed on monitor. 2 elevated blood pressures above call orders. RN will continue to assess patient. Patient seizes.

Setting of Sim: L/D room

Facilitators:

Dates of Sims:	Pilot Date : 12/17/19 1/9/20
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Type of Simulation (check all that apply) : Task Trainer Mannequin Actor/SP

Scenario recording requested <input type="checkbox"/> Yes <input type="checkbox"/> no	Classroom needed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Debriefing Room needed <input type="checkbox"/> Yes <input type="checkbox"/> no
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PARTICIPANT INFORMATION

Disciplines:	Total Number:	Number per Sim:
RNs		2-4
MDs		
RTs		
Pharmacists		
CSTs		
Other		

LEARNING OUTCOMES

**Team STEPPS® competencies (leadership, mutual support, situation monitoring, communication) are to be incorporated into every simulation to promote patient safety (ahrq.gov, 2017)*

General Learning Outcomes (to be disclosed to participants)

Appropriate nursing care of OB HTN pt

Scenario Specific Outcomes (for facilitator only)

Objectives:

1. Learner will turn patient to side during seizure.
2. Learner will have suction and yankauer set up.
3. Learner will have oxygen turned on.
4. Learner will perform after care of a seizure by keeping pt on side, assess LOC, and perform VS.
5. Learner will notify MD of event.

Expected cognitive skills to be demonstrated by participant:

Implement

Identify precautions used for hypertensive disorders (seizure precautions, timing of checks, decrease environmental stimuli, etc).
Discusses seizure precautions and decreased environmental stimuli (low lights, quiet environment, and padded side rails).

Evaluate

Understands warning signs of a hypertensive disorder.

Document

Discuss the appropriate documentation guidelines.

Expected psychomotor skills to be demonstrated by participant:

- Performs proper assessment of hypertensive patient.
- Recognizes signs and symptoms, lab values, and vital signs associated with hypertensive disorder.
- Performs neuro assessment, including level of consciousness, DTRs, presence of visual disturbance, headache, and epigastric pain.

Expected affective skills to be demonstrated by participant:

Demonstrates assessment of patient and notifies physician using SBAR.
Documents assessments and practices appropriately in the EMR.
Commits to providing patient comfort and safety.

PRE-BRIEFING INFORMATION

Pre-requisite Knowledge/Reading/Testing (provide references on last page):

POEP:

Module 8 Complications of Pregnancy, Part 2

CBT:

FHCI Hypertensive Disorders in Pregnancy

Policy:

Hypertensive Disorder in Pregnancy

NOTE TO FACILIATORS: Prior to beginning the simulation, participants must be oriented to simulator and/or setting, understand guidelines and expectations for their scenario(s), have completed all pre-work, and understand their assigned roles.

Pre-Briefing Report to Participants

S

PATIENT	Tonya	AGE/SEX	32 yr old	ADMISSION WEIGHT	
PRIMARY MD	Triplett and/or Fam. Med MD		PROCEDURE		
CONSULTS			CODE STATUS	Full	
DX	HTN in pregnancy		PASSWORD		
CURRENT PROBLEM	Elevated blood pressures in pregnancy, induction		NEXT OF KIN	Husband: Matt	
				DIET	clears

B

HX	39.2 weeks gestation Induction of labor Chronic Hypertension- not on medications				
ALLERGIES	NKDA				
MEDICATIONS	PNV				
SAFETY/PRECAUTIONS	none				
RESTRAINTS	none				

A

CURRENT CONDITION		<input type="checkbox"/> VENT	<input type="checkbox"/> ETT	SIZE		LOCATION	
SKIN		PAIN	0 /10	MODE		RATE	<input type="checkbox"/> PEEP
CARDIO/RHYTHM/PULSES		FIO2		<input type="checkbox"/> PS		<input type="checkbox"/> NC	<input type="checkbox"/> CPAP/BIPAP
RESP	Clear lung sounds		<input checked="" type="checkbox"/> IV LINES				
NEURO	A/Ox3, DTRs normal		<input type="checkbox"/> PICC/CVL		<input type="checkbox"/> ART		
GI/GU	BM	VOID		<input checked="" type="checkbox"/> MIVF	LR at 125mL/hr		
	<input type="checkbox"/> FOLEY		<input type="checkbox"/> DRIPS				
TUBES	<input type="checkbox"/> NG/OG	<input type="checkbox"/> JP	<input type="checkbox"/> CT				
I/O							
VITALS							
ACTIVITY	Up ad lib						

R

SUGGESTIONS/RECOMMENDATIONS/REQUESTS TO MD/NURSE	
Call MD for orders	
ORDERS	Admit to inpatient. Full Code. Activity as tolerated Vital signs, routine

Notify Physician Vitals/other: SBP >159, DBP >109 Assess DTRs q4h Weigh patient daily Pain assessment, routine Intake and output, every shift Nonrebreather mask oxygen at 10-12 liters, routine Diet Clear liquid Insert peripheral IV CBC with dif STAT Hold Specimen-blood bank STAT UDS STAT LR 125ml/hr Labetalol (Nordomyne) panel: 20mg, 40mg, 80mg prn
ANTICIPATED CHANGES OR OTHER ISSUES
PENDING LABS

SET UP/RESOURCES (for simulation center staff)		
Simulation Setting		
<input type="checkbox"/> ER <input type="checkbox"/> Med-Surg <input type="checkbox"/> Pediatrics <input type="checkbox"/> ICU <input type="checkbox"/> OR / PACU	<input checked="" type="checkbox"/> Women's & Children's <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Home Health <input type="checkbox"/> Pre-Hospital <input type="checkbox"/> Doctor's office/clinic (table, chairs and exam table) <input type="checkbox"/> Other:	
Time of Day: morning		
Is the patient a mannequin or a Standardized Patient (SP)? mannequin		
Appearance of Mannequin		
Clothing gown	Moulage	Incisions/Dressings
Appearance of Actor/SP		
Clothing	Moulage	Incisions/Dressings
Monitor Waveform Setup		
EKG/HR <input type="checkbox"/>	RR <input type="checkbox"/>	O2 Sat <input type="checkbox"/>
BP <input type="checkbox"/>	Arterial Line <input type="checkbox"/>	PAP <input type="checkbox"/>
ETCO2 <input type="checkbox"/>	Other:	

Equipment attached to patient		
ECG Monitor <input type="checkbox"/>	BP Cuff <input checked="" type="checkbox"/>	Arterial/PA lines <input type="checkbox"/>
Oxygen Sat Probe <input checked="" type="checkbox"/>	NG tube <input type="checkbox"/>	Foley <input type="checkbox"/> Urine Color:
Chest Tube <input type="checkbox"/>	Vent <input type="checkbox"/>	IV line <input checked="" type="checkbox"/>
ID Band/MRN <input checked="" type="checkbox"/>	Allergy Band <input type="checkbox"/>	IO <input type="checkbox"/> SCDs <input type="checkbox"/>
Fall Blanket/Footies <input checked="" type="checkbox"/>	Other: FHM attached to pt	
IV Type		
PIV <input checked="" type="checkbox"/>	Saline Lock <input type="checkbox"/>	Central Line <input type="checkbox"/>
PICC <input type="checkbox"/>	UVC/UAC <input type="checkbox"/>	
IV Fluids/Rate		
NS	D5	D10
LR running @ 125	Other:	
Rate of Fluids:		
Medications (to be retrieved from Pyxis)		
PO	IVP	IVPB
Medication Equipment Available in the Room		
IV Pump <input checked="" type="checkbox"/>	Number of channels 2	IV Pump Tubing <input checked="" type="checkbox"/>
IV Piggyback tubing <input type="checkbox"/>	IV gravity tubing <input type="checkbox"/>	Extra IV tubing <input checked="" type="checkbox"/>
Syringes/#/Size 3 10 ml flushes	Needles/#/size	Med cart/Pyxis Pyxis needs to have Mag and Labetalol, and Ca Gluconate
IV start supplies/angio gauge	Art Line <input type="checkbox"/>	PA Catheter <input type="checkbox"/>
Pressure bag <input type="checkbox"/>	Syringe pump <input type="checkbox"/>	Syringe pump tubing <input type="checkbox"/>
IO <input type="checkbox"/>	Umbilical Line <input type="checkbox"/>	Other
Cardiac Equipment Available in the room		
12 lead ECG machine <input type="checkbox"/>	Code Cart <input type="checkbox"/>	Defibrillator <input type="checkbox"/>
Temp Pacemaker <input type="checkbox"/>	Telemetry Pack <input type="checkbox"/>	AED <input type="checkbox"/>
Respiratory Equipment Available in the room		
Nasal cannula <input checked="" type="checkbox"/>	Simple Facemask <input type="checkbox"/>	Venturi Mask <input type="checkbox"/>
Non-rebreather <input checked="" type="checkbox"/>	IS <input type="checkbox"/>	Trach <input type="checkbox"/>
BiPAP/CPAP <input type="checkbox"/>	Vent <input type="checkbox"/>	Suction <input type="checkbox"/>

Suction cath/#/size	Intubation box <input type="checkbox"/>	Other
GI Equipment Available in the room		
NG/OG <input type="checkbox"/>	G tube <input type="checkbox"/>	Feeding pump <input type="checkbox"/>
Feeding bag <input type="checkbox"/>	Dining tray <input type="checkbox"/>	Other:
GU Equipment Available in the room		
Foley <input checked="" type="checkbox"/>	Condom catheter <input type="checkbox"/>	SP catheter <input type="checkbox"/>
Urinal <input type="checkbox"/>	Bedpan	Other:
Other Supplies		
TED hose <input type="checkbox"/>	SCDs <input type="checkbox"/>	Dressing Supplies <input type="checkbox"/>
Venipuncture <input type="checkbox"/>	Blood tubes <input type="checkbox"/>	Culture tubes <input type="checkbox"/>
Thermometer <input checked="" type="checkbox"/>	Pen light <input type="checkbox"/>	Fall blanket/footies <input type="checkbox"/>
Any additional set up notes for sim staff: stethoscope, pads for side rails, reflex hammer, Assessment QR codes (or something for clonus and reflexes)		

Scenario Progression Storyboard

Patient Initial State

Tonya is reclining in her bed. She is anxious and nervous when the RN returns to the room. It has been 10 minutes since last dose of Labetalol.

FHR: 140, moderate variability, HR: 92 BP: 170/100 SpO2: 98 Resp: 20 Temp: 98.8F

Patient states HA blurry vision and right sided abdomen pain.

RN does nothing.

RN assess VS.

Declining State

FHR: 140, moderate variability, accels
HR: 92 BP: 180/105
SpO2: 98 Resp: 20 Temp: 98.8F

Pt cues nurse "can you do anything for my headache?"

Patient seizes fo 60 sec.

RN does nothing

FHR: 80 bpm, minimal variability (decel)

RN does nothing

RN retakes VS and assesses

End Scenario

Declining State

FHR: 130 minimal variability HR: 92
BP: 165/94 SpO2: 98 Resp: 20
Temp: 98.8F

End Scenario

Progression Outline

Timing	Patient verbal and/or non-verbal communication	Participant expected behaviors/interventions	Patient Response (potential cues for participant if needed?)
Beginning (0-2 mins)	<ul style="list-style-type: none"> HA, blurry vision, epigastric pain 	<ul style="list-style-type: none"> RN to take next blood pressure. 	<ul style="list-style-type: none"> I don't feel good. HA 6 out of 10 Seeing spots. Stabbing, sharp pain on right side, continuous
2-3 mins	<ul style="list-style-type: none"> Pt actively seizing 	<ul style="list-style-type: none"> RN assist patient to her side RN calls for additional help Monitor patient so that she does not hurt self. RN times seizure Suction PRN 	
3-5 mins	<ul style="list-style-type: none"> Pt feeling fuzzy, dazed 	<ul style="list-style-type: none"> Pt stay left turn Assesses VS (BP, HR, SpO2) LOC Discontinue Pitocin (If in L/D; PP not needed) 	
7-10 mins			

End of Scenario (When objectives met? At specified time period)			<ul style="list-style-type: none"> • “What happened?” • “Is my baby ok?”
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SP role description	
Name and Role in scenario (Patient? Family member?)	
Brief Scenario Summary	
Patient location	
History pertinent to simulation	
Mental State/Demeanor	

Questions/comments SP may verbalize during scenario

SP Observations

How does the staff communicate with you and with each other?

DEBRIEFING GUIDE

With Video

Without Video

Debriefing/Guided Reflection Questions:

1. How did you feel throughout the simulation experience
2. Tell me what went well.
3. Let's review the objectives and discuss whether we were successful or not

General learning outcome(s)		4. If you were able to repeat the
Appropriate nursing care of OB HTN pt		
Scenario Specific Outcomes *Copy from page 2 of this form*		
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Your patient had a seizure, tell me about that? 2. How did you feel during the seizure? Comfortable/questions/need more practice? 3. Tell me about your process after the patient has a seizure. 		

scenario, what would you do differently?

5. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
6. Talk about how you will transfer what is learned during this experience to your work setting.
7. Is there anything else you would like to discuss?

Evaluation Tools
 Attach to this page the evaluation tools (surveys, tests) that you plan to use

References
 List references for your educational content

ahrq.gov. (2017, August). *TeamSTEPPS 2.0 Team Strategies and Tools to Enhance Performance and Patient Safety*. Retrieved from <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3119563/>

Charge RN/person who answers vocera to help

Actions	Statements
RN calls via vocera for help	Hello, _____. What is going on?
My patient is seizing	Comes to bedside. What can I do to help?
	Cues to RN (after a few seconds) Let's turn her on her side. (the primary RN as not done this) Have we called the MD yet? Let me call someone to page the MD?
Seizure is complete	Let's put her back on her back with a wedge. We should take a set of Vital signs.

SIMULATION SCENARIO DESIGN WORKSHEET

Today's Date:	Name of Scenario Author: Email: Phone:
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GENERAL SCENARIO INFORMATION

Est. Pre-briefing Time:	Est. Scenario Time:	Est. Debriefing Time:	Course #:
--------------------------------	----------------------------	------------------------------	------------------

Title of Scenario:
D. Hypertension with magnesium drip

Brief Description:
39.2 W HTN, induction for labor. Placed in labor room at 0600. Consents signed and patient placed on monitor. 2 elevated blood pressures above call orders. RN will continue to assess patient. Patient seizes. Magnesium ordered by MD.

Setting of Sim: L/D room

Facilitators:

Dates of Sims:	Pilot Date : 12/17/19 1/9/20
-----------------------	---

Type of Simulation (check all that apply) : Task Trainer Mannequin Actor/SP

Scenario recording requested <input type="checkbox"/> Yes <input type="checkbox"/> no	Classroom needed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Debriefing Room needed <input type="checkbox"/> Yes <input type="checkbox"/> no
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PARTICIPANT INFORMATION

Disciplines:	Total Number:	Number per Sim:
RNs		2-4
MDs		
RTs		
Pharmacists		
CSTs		
Other		

LEARNING OUTCOMES

**Team STEPPS® competencies (leadership, mutual support, situation monitoring, communication) are to be incorporated into every simulation to promote patient safety (ahrq.gov, 2017)*

General Learning Outcomes (to be disclosed to participants)

Appropriate nursing care of OB HTN pt

Scenario Specific Outcomes (for facilitator only)

Objectives:

1. Learner will be able to utilize SBAR to MD.
2. Learner will be able to place Magnesium order.
3. Learner will be able to start a magnesium infusion.
4. Learner will state intake maximum per hour while on magnesium.
5. Learner will be able to state management of magnesium.
6. Learner will be able to perform appropriate patient assessments while on magnesium.

Expected cognitive skills to be demonstrated by participant:

- Plan•
Discusses use of Magnesium Sulfate for pre-eclamptic patient during antepartum/intrapartum management, including double checks, assessments, and precautions.
- Implement
Identify precautions used for hypertensive disorders (seizure precautions, timing of checks, decrease environmental stimuli, etc).
Discusses seizure precautions and decreased environmental stimuli (low lights, quiet environment, and padded side rails).
- Evaluate
Understands warning signs of a hypertensive disorder.
Discusses elevated lab values for hypertensive disorders in pregnancy.
- Document
Discuss the appropriate documentation guidelines.

Expected psychomotor skills to be demonstrated by participant:

- Performs proper assessment of hypertensive patient.
- Recognizes signs and symptoms, lab values, and vital signs associated with hypertensive disorder.
- Performs neuro assessment, including level of consciousness, DTRs, presence of visual disturbance, headache, and epigastric pain.
- Minimizes stimulation (low lighting and noise levels, minimize visitors, anchor foley catheter (as indicated), or offer bedside commode/bedpan if ordered; while on Magnesium infusion.
- Identifies signs and symptoms of changes in mental status related to disease process and/or Magnesium administration (confusion, agitation, irritability, somnolence, diminished DTRs).

Expected affective skills to be demonstrated by participant:

- Demonstrates assessment of patient and notifies physician using SBAR.
- Documents assessments and practices appropriately in the EMR.
- Commits to providing patient comfort and safety.

PRE-BRIEFING INFORMATION

Pre-requisite Knowledge/Reading/Testing (provide references on last page):

POEP:

Module 8 Complications of Pregnancy, Part 2

CBT:

FHCI Hypertensive Disorders in Pregnancy

Policy:

Hypertensive Disorder in Pregnancy

Critical Element:

Magnesium Sulfate

NOTE TO FACILIATORS: Prior to beginning the simulation, participants must be oriented to simulator and/or setting, understand guidelines and expectations for their scenario(s), have completed all pre-work, and understand their assigned roles.

Pre-Briefing Report to Participants

S

PATIENT	Tonya	AGE/SEX	32 yr old	ADMISSION WEIGHT	
PRIMARY MD	Triplett and/or Fam. Med MD		PROCEDURE		
CONSULTS	Rapid/ACLS trained provider/Anesthesia		CODE STATUS	Full	
DX	HTN in pregnancy		PASSWORD		
CURRENT PROBLEM	Elevated blood pressures in pregnancy, induction		NEXT OF KIN	Husband: Matt	
				DIET	NPO

B

HX	39.2 weeks gestation Induction of labor Chronic Hypertension- not on medications				
ALLERGIES	NKDA				
MEDICATIONS	PNV				
SAFETY/PRECAUTIONS	none				
RESTRAINTS	none				

A

CURRENT CONDITION		<input type="checkbox"/> VENT	<input type="checkbox"/> ETT	SIZE		LOCATION	
SKIN		PAIN	0 /10	MODE		RATE	<input type="checkbox"/> PEEP
CARDIO/RHYTHM/PULSES		FIO2		<input type="checkbox"/> PS		<input type="checkbox"/> NC	<input type="checkbox"/> CPAP/BIPAP
RESP	Clear lung sounds		<input checked="" type="checkbox"/> IV LINES				
NEURO	A/Ox3, DTRs normal at this time		<input type="checkbox"/> PICC/CVL		<input type="checkbox"/> ART		
GI/GU	BM	VOID		<input checked="" type="checkbox"/> MIVF	LR		
	<input type="checkbox"/> FOLEY		<input type="checkbox"/> DRIPS				
TUBES	<input type="checkbox"/> NG/OG	<input type="checkbox"/> JP	<input type="checkbox"/> CT				
I/O							
VITALS							
ACTIVITY	Up ad lib						

R

SUGGESTIONS/RECOMMENDATIONS/REQUESTS TO MD/NURSE	
Call MD for orders	
ORDERS	Admit to inpatient. Full Code. Activity as tolerated Vital signs, routine

	Pain assessment, routine Intake and output, routine Diet Clear liquid Insert peripheral IV CBC with dif STAT Hold Specimen-blood bank STAT UDS STAT LR 125ml/hr
ANTICIPATED CHANGES OR OTHER ISSUES	
PENDING LABS	

SET UP/RESOURCES		
(for simulation center staff)		
Simulation Setting		
<input type="checkbox"/> ER <input type="checkbox"/> Med-Surg <input type="checkbox"/> Pediatrics <input type="checkbox"/> ICU <input type="checkbox"/> OR / PACU	<input checked="" type="checkbox"/> Women's & Children's <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Home Health <input type="checkbox"/> Pre-Hospital <input type="checkbox"/> Doctor's office/clinic (table, chairs and exam table) <input type="checkbox"/> Other:	
Time of Day: morning		
Is the patient a mannequin or a Standardized Patient (SP)? mannequin		
Appearance of Mannequin		
Clothing gown	Moulage	Incisions/Dressings
Appearance of Actor/SP		
Clothing	Moulage	Incisions/Dressings
Monitor Waveform Setup		
EKG/HR <input type="checkbox"/>	RR <input type="checkbox"/>	O2 Sat <input type="checkbox"/>
BP <input type="checkbox"/>	Arterial Line <input type="checkbox"/>	PAP <input type="checkbox"/>
ETCO2 <input type="checkbox"/>	Other:	
Equipment attached to patient		
ECG Monitor <input type="checkbox"/>	BP Cuff <input checked="" type="checkbox"/>	Arterial/PA lines <input type="checkbox"/>
Oxygen Sat Probe <input checked="" type="checkbox"/>	NG tube <input type="checkbox"/>	Foley <input type="checkbox"/> Urine Color:
Chest Tube <input type="checkbox"/>	Vent <input type="checkbox"/>	IV line <input checked="" type="checkbox"/>

ID Band/MRN <input checked="" type="checkbox"/>	Allergy Band <input checked="" type="checkbox"/>	IO <input type="checkbox"/>	SCDs <input type="checkbox"/>
Fall Blanket/Footies <input checked="" type="checkbox"/>	Other: fetal monitor		
IV Type			
PIV <input checked="" type="checkbox"/>	Saline Lock <input type="checkbox"/>	Central Line <input type="checkbox"/>	
PICC <input type="checkbox"/>	UVC/UAC <input type="checkbox"/>		
IV Fluids/Rate			
NS	D5	D10	
LR running @ 125	Other:		
Rate of Fluids:			
Medications (to be retrieved from Pyxis)			
PO	IVP	IVPB	
	1. Mag 1000 ml bag 2. Ca Gluconate syringe		
Medication Equipment Available in the Room			
IV Pump <input checked="" type="checkbox"/>	Number of channels 2	IV Pump Tubing <input checked="" type="checkbox"/>	
IV Piggyback tubing <input type="checkbox"/>	IV gravity tubing <input type="checkbox"/>	Extra IV tubing <input checked="" type="checkbox"/>	
Syringes/#/Size	Needles/#/size	Med cart/Pyxis Pyxis needs to have Mag and Ca Gluconate	
IV start supplies/angio gauge	Art Line <input type="checkbox"/>	PA Catheter <input type="checkbox"/>	
Pressure bag <input checked="" type="checkbox"/>	Syringe pump <input type="checkbox"/>	Syringe pump tubing <input type="checkbox"/>	
IO <input type="checkbox"/>	Umbilical Line <input type="checkbox"/>	Other	
Cardiac Equipment Available in the room			
12 lead ECG machine <input type="checkbox"/>	Code Cart <input type="checkbox"/>	Defibrillator <input type="checkbox"/>	
Temp Pacemaker <input type="checkbox"/>	Telemetry Pack <input type="checkbox"/>	AED <input type="checkbox"/>	
Respiratory Equipment Available in the room			
Nasal cannula <input checked="" type="checkbox"/>	Simple Facemask <input type="checkbox"/>	Venturi Mask <input type="checkbox"/>	
Non-rebreather <input checked="" type="checkbox"/>	IS <input type="checkbox"/>	Trach <input type="checkbox"/>	
BiPAP/CPAP <input type="checkbox"/>	Vent <input type="checkbox"/>	Suction <input type="checkbox"/>	
Suction cath/#/size	Intubation box <input type="checkbox"/>	Other	
GI Equipment Available in the room			
NG/OG <input type="checkbox"/>	G tube <input type="checkbox"/>	Feeding pump <input type="checkbox"/>	
Feeding bag <input type="checkbox"/>	Dining tray <input type="checkbox"/>	Other:	
GU Equipment Available in the room			

Foley <input checked="" type="checkbox"/>	Condom catheter <input type="checkbox"/>	SP catheter <input type="checkbox"/>
Urinal <input type="checkbox"/>	Bedpan <input checked="" type="checkbox"/>	Other:
Other Supplies		
TED hose <input type="checkbox"/>	SCDs <input checked="" type="checkbox"/>	Dressing Supplies <input type="checkbox"/>
Venipuncture <input type="checkbox"/>	Blood tubes <input type="checkbox"/>	Culture tubes <input type="checkbox"/>
Thermometer <input checked="" type="checkbox"/>	Pen light <input type="checkbox"/>	Fall blanket/footies <input type="checkbox"/>
Any additional set up notes for sim staff: stethoscope, reflex hammer		

Scenario Progression Storyboard

Patient Initial State (5 minutes since post-ictal)

Patient laying in bed and awake. Patient unaware of what happened. RN to explain what happened. RN awaiting MD to call to give SBAR.

FHR 130 minimal variability HR: 100 BP: 165/95 SpO2: 98 Resp: 20

MD calls via Vocera. Orders for Magnesium given.

RN places order in patient's EMR and retrieves medication

RN starts bolus without cosigner

Magnesium to be started with a cosigner.

RN does nothing

End Scenario

RN does not take VS or assessment

Take VS and perform modified assessment.

Take VS and perform modified assessment.

End Scenario

Declining State

FHR: 135, minimal variability
HR: 90 BP: 165/94 SpO2: 98
Resp: 20 Temp 98.6F

End Scenario

Progression Outline

Timing	Patient verbal and/or non-verbal communication	Participant expected behaviors/interventions	Patient Response (potential cues for participant if needed?)
Beginning (0-2 mins)	<ul style="list-style-type: none"> Dazed, confused 	<ul style="list-style-type: none"> RN to give SBAR report to MD. Inform MD to VS, seizure and patient's current status. Order for Magnesium 	<ul style="list-style-type: none"> What happened? Is my baby ok? Am I ok?
2-5 mins	<ul style="list-style-type: none"> Nervous, confused, questioning 	<ul style="list-style-type: none"> RN explains order to patient and answers questions. RN places order in patient's EMR. RN receives medication and other materials (ie. pads for rails, labels for tubing) 	<ul style="list-style-type: none"> Will this hurt? Will this affect my baby? What will it do to me?
5-7 mins	<ul style="list-style-type: none"> Nervous, questioning 	<ul style="list-style-type: none"> RN uses EPIC and pump to program dose of medication A bolus is given and then a continuous rate. LR at 75ml/hr Mag after bolus at 50ml/hr Stay at bedside during bolus VS should be taken once the infusion is 	<ul style="list-style-type: none"> What are these for (pads for rails)? Can I still use the restroom?

		<p>started and every 15 minutes x 1 hr.</p> <ul style="list-style-type: none"> • RN performs a modified H-to-T assessment (DTRs, Heart and lung sounds, reflexes, HA, blurry vision, epigastric pain.) 	
7-10 mins			
End of Scenario (When objectives met? At specified time period)		<ul style="list-style-type: none"> • RN explains how often blood pressures to be taken (15 min x1 hr, 30 min x1 hr, 1 hr until infusion complete). • RN explains that modified assessments are completed as well. 	<ul style="list-style-type: none"> • How often do you have to take my blood pressure?

SP role description

Name and Role in scenario
(Patient? Family member?)

Brief Scenario Summary	
Patient location	
History pertinent to simulation	
Mental State/Demeanor	
Questions/comments SP may verbalize during scenario	
SP Observations	How does the staff communicate with you and with each other?

DEBRIEFING GUIDE

With Video

Without Video

Debriefing/Guided Reflection Questions:

1. How did you feel throughout the simulation experience
2. Tell me what went well.
3. Let's review the objectives and discuss whether we were successful or not

General learning outcome(s)		
Appropriate nursing care of OB HTN pt	4. If you were able to repeat the	
Scenario Specific Outcomes *Copy from page 2 of this form*		
<p>Objectives:</p> <ol style="list-style-type: none"> 1. Tell me about your SBAR with the physician. How did you feel/concerns/questions? 2. Your physician ordered Magnesium, tell me about placing that order. Comfortable/more practice/concerns? 3. Tell me about your experience with starting the infusion. 4. Tell me about the process after the infusion is started, what do you do next and following. 		

scenario, what would you do differently?

5. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
6. Talk about how you will transfer what is learned during this experience to your work setting.
7. Is there anything else you would like to discuss?

Evaluation Tools

Attach to this page the evaluation tools (surveys, tests) that you plan to use

References***List references for your educational content***

ahrq.gov. (2017, August). *TeamSTEPPS 2.0 Team Strategies and Tools to Enhance Performance and Patient Safety*. Retrieved from <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.pdf>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3119563/>

MD speaking parts

Actions	Statements
SBAR called to MD	Hello, _____. What is going on? Yes, that is my patient.
If RN does not state info on seizure:	How is she now? How long did the seizure last? Do you know what triggered it?
After answers seizure	Any signs and symptoms now? How is her DTRs? Blurry vision? Headache? Epigastric pain? What are her current vital signs?
RN answers	Start Magnesium Sulfate infusion. 6gm bolus and then 2g/hr

Charge RN or RN help speaking parts

Actions	Statements
Can you come help sign off on Magnesium? Dr. _____ gave orders to bolus and start?	RN at bedside. What can I help you with? How did you program the pump? Did you do a bolus?
After bolus started:	Do you need any more help?
Bedside RN says no.	Okay. Did you set your vital signs to go off? Have you done your checks? Did the MD give orders for a foley or what can she use? If you need any help let me know.

SIMULATION SCENARIO DESIGN WORKSHEET

Today's Date:	Name of Scenario Author: Email: Phone:
---------------	--

GENERAL SCENARIO INFORMATION

Est. Pre-briefing Time:	Est. Scenario Time:	Est. Debriefing Time:	Course #:
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Title of Scenario: HTN in pregnancy in Postpartum

Brief Description:
39 W HTN pt, vaginal delivery. 2nd day pp (to be discharged home later in the day). BP taken in the morning was 154/100. Patient has no IV and needs Procardia and labetalol.

Setting of Sim: PP room

Facilitators:

Dates of Sims:	Pilot Date : 12/17/19 1/9/20
-----------------------	---

Type of Simulation (check all that apply) : Task Trainer Mannequin Actor/SP

Scenario recording requested <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Classroom needed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Debriefing Room needed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no
---	---	---

PARTICIPANT INFORMATION

Disciplines:	Total Number:	Number per Sim:
RNs		1-2
MDs		
RTs		
Pharmacists		
CSTs		
Other		

LEARNING OUTCOMES

**Team STEPPS® competencies (leadership, mutual support, situation monitoring, communication) are to be incorporated into every simulation to promote patient safety (ahrq.gov, 2017)*

General Learning Outcomes (to be disclosed to participants)

Appropriate nursing care of PP HTN pt

Scenario Specific Outcomes (for facilitator only)

Objectives:

1. Learner will complete an SBAR report to a Physician.
2. Learner will find and place the appropriate orders given in EMR.
3. Learner will give Procardia appropriately.
4. Learner will follow blood pressure protocol after Procardia given.
5. Learner will find and place the appropriate orders for Labetalol in EMR and gather appropriate staff.

Expected cognitive skills to be demonstrated by participant:

- Assess• Understands what it means to have a hypertensive disorder in pregnancy diagnosis.
Discuss signs and symptoms of hypertensive disorder in pregnancy.
- Plan• Discusses warning signs of a hypertensive disorder.
- Implement Identify precautions used for hypertensive disorders (seizure precautions, timing of checks, decrease environmental stimuli, etc).
Discusses seizure precautions and decreased environmental stimuli (low lights, quiet environment, and padded side rails).
- Evaluate Understands warning signs of a hypertensive disorder.
- Document Discuss the appropriate documentation guidelines.

Expected psychomotor skills to be demonstrated by participant:

- Performs proper assessment of hypertensive patient.
- Recognizes signs and symptoms, lab values, and vital signs associated with hypertensive disorder.
- Performs neuro assessment, including level of consciousness, DTRs, presence of visual disturbance, headache, and epigastric pain.

Expected affective skills to be demonstrated by participant:

- Demonstrates assessment of patient and notifies physician using SBAR.
- Documents assessments and practices appropriately in the EMR.
- Commits to providing patient comfort and safety.

PRE-BRIEFING INFORMATION

Pre-requisite Knowledge/Reading/Testing (provide references on last page):

- POEP
Module 8 Complications of Pregnancy, Part 2
- CBT
FHCI Hypertensive Disorders in Pregnancy

Policy:

Hypertensive Disorder in Pregnancy

Critical Element:

Magnesium Sulfate

NOTE TO FACILIATORS: Prior to beginning the simulation, participants must be oriented to simulator and/or setting, understand guidelines and expectations for their scenario(s), have completed all pre-work, and understand their assigned roles.

Pre-Briefing Report to Participants

PATIENT	Tonya		AGE/SEX	28 year old		ADMISSION WEIGHT			
PRIMARY MD	Foxlow or Fam Med MD			PROCEDURE	Vaginal delivery				
CONSULTS				CODE STATUS	Full				
DX	Vaginal delivery, HTN			PASSWORD					
CURRENT PROBLEM	2 nd day PP, HTN			NEXT OF KIN	Husband- Tyler				
				DIET	Regular				
HX	39 weeks Vaginal delivery HTN- took Labetalol 100mg daily during pregnancy (nothing after delivery)								
ALLERGIES	PCN								
MEDICATIONS	Stool softener Ibuprofen 600mg q8h								
SAFETY/PRECAUTIONS	None								
RESTRAINTS	None								
CURRENT CONDITION				<input type="checkbox"/> VENT	<input type="checkbox"/> ETT	SIZE		LOCATI ON	PP room
SKIN		PAIN	2 /10 but comfo rtable	MODE		RATE		<input type="checkbox"/> PEEP	
CARDIO/RHYTHM/ PULSES				FIO2		<input type="checkbox"/> PS		<input type="checkbox"/> NC	<input type="checkbox"/> CPAP/BIPAP
RESP	Clear			<input type="checkbox"/> IV LINES	None				
NEURO	A/Ox3, DTRs normal			<input type="checkbox"/> PICC/CVL		<input type="checkbox"/> ART			
GI/GU	BM	Pos	VOID	Normal	<input type="checkbox"/> MIVF				
		<input type="checkbox"/> FOLEY	none		<input type="checkbox"/> DRIPS	none			
TUBES	<input type="checkbox"/> NG/OG	<input type="checkbox"/> JP	<input type="checkbox"/> CT						
I/O									
VITALS	Under call orders until this one								
ACTIVITY	Up ad lib								
SUGGESTIONS/RECOMMENDATIONS/REQUESTS TO MD/NURSE									

S

B

A

R

Call MD for orders	
ORDERS	<p>Notify Physician Vitals/Other</p> <p>Temp greater than: 100.4</p> <p>Heart rate greater than (beats/min): 120</p> <p>Systolic BP greater than: 150</p> <p>Diastolic BP greater than: 100</p> <p>Other: Abnormal vaginal bleeding</p> <p>Routine, UNTIL DISCONTINUED, starting today at 1552, Until Specified, May shower.</p> <p>Diet Regular, DIET EFFECTIVE NOW, starting today at 1552, Until Specified</p> <p>Laboratory</p> <p>Only order the Rh Workup if indicated and not done previously.</p> <p>CBC without differential, AM DRAW, First occurrence tomorrow at 0600</p> <p>Meds</p> <p>acetaminophen tab, 650 mg, Oral, EVERY 4 HOURS PRN, For mild pain</p> <p>HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet, 1 Tab, Oral, EVERY 4 HOURS PRN, Pain, For moderate pain</p> <p>ibuprofen (ADVIL,MOTRIN) tablet, 600 mg, Oral, EVERY 6 HOURS PRN, Pain, for moderate pain</p>
ANTICIPATED CHANGES OR OTHER ISSUES	
PENDING LABS	

SET UP/RESOURCES
(for simulation center staff)

Simulation Setting

- | | |
|---|--|
| <input type="checkbox"/> ER
<input type="checkbox"/> Med-Surg
<input type="checkbox"/> Pediatrics
<input type="checkbox"/> ICU
<input type="checkbox"/> OR / PACU | <input checked="" type="checkbox"/> Women's & Children's
<input type="checkbox"/> Behavioral Health
<input type="checkbox"/> Home Health
<input type="checkbox"/> Pre-Hospital
<input type="checkbox"/> Doctor's office/clinic (table, chairs and exam table)
<input type="checkbox"/> Other: |
|---|--|

Time of Day: 0800

Is the patient a mannequin or a Standardized Patient (SP)? mannequin

Appearance of Mannequin

Clothing gown	Moulage	Incisions/Dressings
---------------	---------	---------------------

Appearance of Actor/SP

Clothing	Moulage	Incisions/Dressings
----------	---------	---------------------

Monitor Waveform Setup		
EKG/HR <input checked="" type="checkbox"/>	RR <input checked="" type="checkbox"/>	O2 Sat <input checked="" type="checkbox"/>
BP <input checked="" type="checkbox"/>	Arterial Line <input type="checkbox"/>	PAP <input type="checkbox"/>
ETCO2 <input type="checkbox"/>	Other:	
Equipment attached to patient		
ECG Monitor <input type="checkbox"/>	BP Cuff <input type="checkbox"/>	Arterial/PA lines <input type="checkbox"/>
Oxygen Sat Probe <input type="checkbox"/>	NG tube <input type="checkbox"/>	Foley <input type="checkbox"/> Urine Color:
Chest Tube <input type="checkbox"/>	Vent <input type="checkbox"/>	IV line <input type="checkbox"/>
ID Band/MRN <input checked="" type="checkbox"/>	Allergy Band <input type="checkbox"/>	IO <input type="checkbox"/> SCDs <input type="checkbox"/>
Fall Blanket/Footies <input checked="" type="checkbox"/>	Other:	
IV Type		
PIV <input type="checkbox"/>	Saline Lock <input type="checkbox"/>	Central Line <input type="checkbox"/>
PICC <input type="checkbox"/>	UVC/UAC <input type="checkbox"/>	
IV Fluids/Rate		
NS	D5	D10
LR	Other:	
Rate of Fluids:		
Medications (to be retrieved from Pyxis)		
PO	IVP	IVPB
1. Procardia (20mg Capsule)	1. Labetalol (20mg)	
Medication Equipment Available in the Room		
IV Pump <input type="checkbox"/>	Number of channels	IV Pump Tubing <input type="checkbox"/>
IV Piggyback tubing <input type="checkbox"/>	IV gravity tubing <input type="checkbox"/>	Extra IV tubing <input type="checkbox"/>
Syringes/#/Size 1 10ml NS syringe	Needles/#/size	Med cart/Pyxis Needs to have Procardia (pill), Labetalol IV push
IV start supplies/angio gauge Yes, 18 gauge with Y site and IV start kit	Art Line <input type="checkbox"/>	PA Catheter <input type="checkbox"/>
Pressure bag <input type="checkbox"/>	Syringe pump <input type="checkbox"/>	Syringe pump tubing <input type="checkbox"/>
IO <input type="checkbox"/>	Umbilical Line <input type="checkbox"/>	Other
Cardiac Equipment Available in the room		
12 lead ECG machine <input type="checkbox"/>	Code Cart <input type="checkbox"/>	Defibrillator <input type="checkbox"/>

Temp Pacemaker <input type="checkbox"/>	Telemetry Pack <input type="checkbox"/>	AED <input type="checkbox"/>
Respiratory Equipment Available in the room		
Nasal cannula <input checked="" type="checkbox"/>	Simple Facemask <input type="checkbox"/>	Venturi Mask <input type="checkbox"/>
Non-rebreather <input type="checkbox"/>	IS <input type="checkbox"/>	Trach <input type="checkbox"/>
BiPAP/CPAP <input type="checkbox"/>	Vent <input type="checkbox"/>	Suction <input type="checkbox"/>
Suction cath/#/size	Intubation box <input type="checkbox"/>	Other
GI Equipment Available in the room		
NG/OG <input type="checkbox"/>	G tube <input type="checkbox"/>	Feeding pump <input type="checkbox"/>
Feeding bag <input type="checkbox"/>	Dining tray <input type="checkbox"/>	Other:
GU Equipment Available in the room		
Foley <input type="checkbox"/>	Condom catheter <input type="checkbox"/>	SP catheter <input type="checkbox"/>
Urinal <input type="checkbox"/>	Bedpan	Other:
Other Supplies		
TED hose <input type="checkbox"/>	SCDs <input type="checkbox"/>	Dressing Supplies <input type="checkbox"/>
Venipuncture <input type="checkbox"/>	Blood tubes <input type="checkbox"/>	Culture tubes <input type="checkbox"/>
Thermometer <input checked="" type="checkbox"/>	Pen light <input type="checkbox"/>	Fall blanket/footies <input type="checkbox"/>
Any additional set up notes for sim staff: stethoscope, reflex hammer, QR codes		

Scenario Progression Storyboard

Patient Initial State

Rhythm: no EKG monitor

HR: 90

BP: 154/100

SpO2: 99

Resp: 18

No VS taken

Take VS. (has been 15 minutes since last)

Pt cues, "I haven't had elevated BP since delivery. Is that ok?"

Declining State

Rhythm: none HR: 90

BP: 160/110 SpO2: 98 Resp: 18

RN does nothing

H-to-T assess

MD called, SBAR to be given

Pt cues, "Does my MD know about this?"

Give Procardia 10mg

RN does nothing

Declining State (10 minutes after dose)

Rhythm: none HR: 80

BP: 182/112 SpO2: 97 Resp: 20

End Scenario

RN does nothing

RN calls MD with SBAR. Orders for Labetalol panel given.

End Scenario

Progression Outline

Timing	Patient verbal and/or non-verbal communication	Participant expected behaviors/interventions	Patient Response (potential cues for participant if needed?)
Beginning (0-2 mins)	<ul style="list-style-type: none"> Pt concerned as she has not had any elevated BP in PP. 	<ul style="list-style-type: none"> Blood pressure retaken in 15 minutes after previous one. 	<ul style="list-style-type: none"> "I haven't had elevated BP since delivery. Is that ok?"
2-5 mins	<ul style="list-style-type: none"> Pt still concerned, becoming anxious 	<ul style="list-style-type: none"> MD gives orders for Procardia PO panel. RN places panel orders in EMR. Procardia 10mg given. 	<ul style="list-style-type: none"> Pt cues, "Does my MD know about this?"
5-10 mins	<ul style="list-style-type: none"> Pt still concerned, becoming anxious Pt questioning what is going on 	<ul style="list-style-type: none"> Blood pressure retaken continually above call orders (increasing rapidly). H-to-T assessment completed Ask questions: HA? Blurry vision/vision changes? Epigastric pain? Listen to lung and heart sounds Perform clonus and reflex assessment (DTR) Document findings in EPIC 	<ul style="list-style-type: none"> HA 6 out of 10, Blurry vision Epigastric pain, sharp, stabbing pain on my right side, "I don't feel well." +1 beat Clonus BL Brisk Reflexes BL

10-15 mins		<ul style="list-style-type: none"> • Repeat VS (BP and HR) • RN SBAR to MD. • Labetalol panel orders given. • RN needs to: call for IV start, EKG monitoring (ACLS provider or Rapid), • RN puts appropriate panel order in EMR • Gets appropriate medication dose 	<ul style="list-style-type: none"> • Am I okay? • Will this new medication affect my breastmilk?
End of Scenario (When objectives met? At specified time period)		<ul style="list-style-type: none"> • Have all appropriate people in place (ACLS provider, IV, and medication). • Verbalizes how often to take BP after giving medication and what assessments. 	

SP role description

Name and Role in scenario (Patient? Family member?)

Brief Scenario Summary

Patient location

History pertinent to simulation	
Mental State/Demeanor	
Questions/comments SP may verbalize during scenario	
SP Observations	How does the staff communicate with you and with each other?

DEBRIEFING GUIDE

With Video

Without Video

Debriefing/Guided Reflection Questions:

1. How did you feel throughout the simulation experience
2. Tell me what went well.
3. Let's review the objectives and discuss whether we were successful or not

General learning outcome(s)
Appropriate nursing care of PP HTN pt
Scenario Specific Outcomes *Copy from page 2 of this form*
<p>Objectives:</p> <ol style="list-style-type: none"> 1. You completed an SBAR with the physician how did that feel? Tell me about the experience. 2. Tell me about how placing the orders in the EMR went. 3. What medication did you give your patient? How did that feel? Comfortable/need more practice? 4. Tell me about your next steps once you are in the HTN protocol. 5. Your patient needed further medication, tell me about what was ordered and your steps.

4. If you were able to repeat the scenario, what would you do differently?
5. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
6. Talk about how you will transfer what is learned during this experience to your work setting.
7. Is there anything else you would like to discuss?

Evaluation Tools

Attach to this page the evaluation tools (surveys, tests) that you plan to use

References***List references for your educational content***

ahrq.gov. (2017, August). *TeamSTEPPS 2.0 Team Strategies and Tools to Enhance Performance and Patient Safety*. Retrieved from <https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/education/curriculum-tools/teamstepps/instructor/essentials/pocketguide.pdf>

MD speaking parts

Actions	Statements
SBAR called to MD	Hello, _____. What is going on? Yes, that is my patient.
RN gives BPs	Any signs and symptoms? How is her DTRs? Blurry vision? Headache? Epigastric pain? How many days postpartum is she? Does she have an IV?
After answers	Start the Procardia panel since she does not have an IV. Call me in an hour with an update.

MD speaking parts

Actions	Statements
SBAR called to MD	Hello, _____. What is going on?
RN talks about blood pressures	How is she now? Her blood pressures are increasing? Did the Procardia lower her Blood pressure at all?
After answers	Any signs and symptoms now? How is her DTRs? Blurry vision? Headache? Epigastric pain? What are her current vital signs?
RN answers	Sounds like we need Labetalol. Start an IV and the Labetalol panel. I will come up and see her.

SMM Denominator | Preeclampsia

Among the overall birth admit codes, limiting to patients with preeclampsia as below

Severe Preeclampsia or Eclampsia diagnosis

ICD-9	ICD-10	Descriptions	Note
642.5x	O11.1	Pre-existing hypertension with pre-eclampsia, first trimester	
642.6x	O11.2	Pre-existing hypertension with pre-eclampsia, second trimester	
642.7x	O11.3	Pre-existing hypertension with pre-eclampsia, third trimester	
	O11.4	Pre-existing hypertension with pre-eclampsia, complicating childbirth	
	O11.5	Pre-existing hypertension with pre-eclampsia, complicating the puerperium	
	O11.9	Pre-existing hypertension with pre-eclampsia, unspecified trimester	
	O14.10	Severe pre-eclampsia, unspecified trimester	
	O14.12	Severe pre-eclampsia, second trimester	
	O14.13	Severe pre-eclampsia, third trimester	
	O14.14	Severe pre-eclampsia complicating childbirth	
	O14.15	Severe pre-eclampsia, complicating the puerperium	
	O14.20	HELLP syndrome (HELLP), unspecified trimester	
	O14.22	HELLP syndrome (HELLP), second trimester	
	O14.23	HELLP syndrome (HELLP), third trimester	
	O14.24	HELLP syndrome, complicating childbirth	
	O14.25	HELLP syndrome, complicating the puerperium	
	O15.00	Eclampsia in pregnancy, unspecified trimester	
	O15.02	Eclampsia in pregnancy, second trimester	
	O15.03	Eclampsia in pregnancy, third trimester	
	O15.1	Eclampsia in labor	
	O15.2	Eclampsia in the puerperium	
	O15.9	Eclampsia, unspecified as to time period	