PATIENT CHART

Chart for Jenny Brown Simulation #2

SBAR Report Students Will Receive Before Simulation

**Time:** 1030, weekday morning

**Person providing report:** Home care supervisor

**Situation:** Jenny Brown is 29 years old and is 30 weeks pregnant with her first baby. You are making this home visit because Jenny is enrolled in a pregnancy support program for low income women and for follow-up of a brief admission to a psychiatric unit when she was 18 weeks pregnant.

**Background:** When Jenny was 18 weeks pregnant she had an ultrasound that revealed that her female fetus had a cleft lip and palate. Jenny became extremely agitated and needed to be restrained. She agreed to be voluntarily admitted to a short stay inpatient unit and treated with a few doses of haloperidol. She did well and was discharged 3 days later. Since that time Jenny has been participating in individual therapy with a psychiatric mental health nurse practitioner and is in group therapy for women combat veterans at the nearby Veterans Administration Hospital. She has been sleeping well at night but still has occasional nightmares and difficulty falling asleep after they occur. She says that she still has feelings of anxiety and describes herself as having “bad days” and “good days.” She thinks she is less withdrawn and that she is enjoying life more. She describes her relationship with Eric as “up and down” because they “argue a lot about little things.” She is not taking any medications except prenatal vitamins.

**Assessment:** Jenny says that they haven’t “gotten around to buying anything for the baby yet.” They are not attending any childbirth preparation classes. At the last office visit with her certified nurse midwife, Jenny was told that the baby is growing appropriately. The baby, a female, is frequently active in utero. Fetal heart rate has been in the 130s. Jenny’s hemoglobin and hematocrit were a little low, so she was started on ferrous sulfate. Jenny and Eric did meet with a neonatologist before Jenny was discharged from the acute psychiatric unit but have not yet selected a pediatrician.

**Recommendation:** The purpose of your visit will be to complete a third-trimester antenatal assessment and talk with Jenny about the remainder of her pregnancy and childbirth preparation. You need to address her mental health status, her relationship with the baby’s father, and respond to any questions she might have about the care of her newborn immediately after birth, especially as it relates to the cleft lip and palate.

Provider Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Wednesday 0800 | **Admit to Pregnancy Support Program**  **Diagnosis: Intrauterine Pregnancy**  **Condition of patient:** Good   1. **HOME VISIT SCHEDULE:** Every two weeks 2. **ASSESSMENTS:** Routine antenatal care with vital signs. At each visit, check and document: UA by dipstick, weight (note total pregnancy weight gain), fundal height, edema, fetal heart rate, fetal activity) 3. **PRECAUTIONS:** Per program routine 4. **MEDICATIONS:**    1. Prenatal vitamin daily in am    2. Ferrous sulfate 325 mg daily in am    3. Acetaminophen 650 mg every 6 hours prn 5. **NOTIFY PROVIDER:** For any abnormal findings or positive screenings, patient concerns   Shelley Northridge, CNM |

Lab Data

**(27 weeks gestation)**

|  |  |  |
| --- | --- | --- |
| **Hematology** | **Result** | **Reference Range** |
| HGB (Hemoglobin) | 9.8 | 12.0-15.6 g/dL (F)  13.0-18.0 g/dL (M) |
| HCT (Hematocrit) | 29% | 36-46 % (F)  40-52 % (M) |

|  |  |  |
| --- | --- | --- |
| **Basic Metabolic Panel** | **Result** | **Reference Range** |
| Sodium | 137 | 135-145 mmol/L |
| Potassium | 4 | 3.5-5 mmol/L |
| Carbon dioxide | 40 | 35-45 mm hg |
| Calcium | 2 | 2-2.6 mmol/L |
| Chloride | 103 | 95-105 mEq/L |
| Glucose | 105 | 65-110 mg/dL |
| Bun | 1.9 | 1.2-3 mmol/L |
| Creatinine | 1.0 | 0.8-1.3 mg/dL |

|  |  |  |
| --- | --- | --- |
| **Urinalysis** | **Result** | **Reference Range** |
| Color | Yellow | Yellow- dark yellow |
| Appearance | Clear | Clear |
| Specific gravity | 1.019 | 1.016-1.022 |
| pH | 5 | 5-6 |
| Glucose | Neg | Neg |
| Ketones | Neg | Neg |
| Leukocyte esterase | Neg | Neg |
| Nitrites | Neg | Neg |

Antepartum Record - Pregnancy Support Program

Name: Jenny Brown Age: 29

YOUR PREGNANCY HISTORY:A pregnancy is 40 weeks if it continued until your due date. Please list all pregnancies, including miscarriages or abortions, in order.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of birth, mis-carriage or abortion:** | **Weeks at time of birth, miscarriage or abortion:** | **Length (hours) of labor:** | **Birth weight & sex:** | **Type of birth: (vaginal, cesarean, forceps, vacuum)** | **Anesthesia: (epidural, spinal, general, none)** | **Comments/ complications/ practitioner delivering baby or providing care:** |
| N/A |  |  |  |  |  | This is my first pregnancy |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

YOURHEALTH HISTORY:Have ***you*** ever had any of the following health-related problems or concerns? **If you answer yes to any of the remaining questions, please note the number of the problem on the comment line, and the details, such as when diagnosed, medications needed, etc.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  | **Yes** | **No** |
| 1. Diabetes |  | X | 1. Asthma | X |  |
| 1. High blood pressure |  | X | 1. Medication allergies |  | X |
| 1. Heart or heart valve problems |  | X | 1. Any surgery |  | X |
| 1. Digestive problems, including gastric bypass, lap band procedures |  | X | 1. Anesthesia complications |  | X |
| 1. Kidney problems or bladder/urinary tract infections |  | X | 1. Abnormal pap tests (date of last pap test: \_\_\_\_\_\_\_\_\_\_\_\_\_) |  | X |
| 1. Neurologic problems such as migraines, seizures, or epilepsy |  | X | 1. Uterine abnormalities |  | X |
| 1. Psychiatric problems such as depression or bipolar disorder | X |  | 1. Difficulty getting pregnant |  | X |
| 1. Hepatitis or liver problems |  | X | 1. Infertility treatments |  | X |
| 1. Varicose veins or blood clots in your legs or elsewhere |  | X | 1. Other health problems |  | X |
| 1. Thyroid problems |  | X | 1. A major accident with a head injury or broken bones |  | X |
| 1. History of blood transfusion |  | X | 1. Do you know your blood type? |  | X |

**Comments:** When I was little I had asthma, mostly when I exercised. It has not been a problem in more than 10 years.

FAMILY GENETIC HISTORY:This includes ***you, the baby’s father, or anyone else in either family****.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  | **Yes** | **No** |
| 1. Your age is 35 or greater |  | X | 1. Huntington’s chorea |  | X |
| 1. Thalassemia (severe anemia common with Italian, Greek, Mediterranean or Asian background) |  | X | 1. Developmental delay |  | X |
| 1. Neural tube defect (spina bifida, spinal cord, or brain development problems) |  | X | 1. Other inherited genetic or chromosomal disorder |  | X |
| 1. Down syndrome |  | X | 1. Any other birth defect not listed here |  | X |
| 1. Tay-Sachs disease |  | X | 1. More than 3 first trimester miscarriages |  | X |
| 1. Sickle cell disease or trait |  | X | 1. Medications or street drugs, including marijuana, since your last period |  | X |
| 1. Hemophilia or any other blood- clotting disorder |  | X | 1. Other health problems in your family |  | X |
| 1. Muscular dystrophy |  | X | 1. Do you feel safe in your home environment? | X |  |
| 1. Cystic fibrosis |  | X |  |  |  |

INFECTION HISTORY: Have you or your partner **ever** been exposed to or tested positive for any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Yes** | **No** |  | **Yes** | **No** |
| 1. HIV |  | X | 1. Rash or viral illness since last period |  | X |
| 1. Hepatitis |  | X | 1. History of sexually transmitted infection (chlamydia, gonorrhea, HPV, syphilis) |  | X |
| 1. Tuberculosis |  | X | 1. Have you ever had chicken pox? |  | X |
| 1. Genital herpes |  | X | 1. A positive test for MRSA |  | X |

|  |  |
| --- | --- |
|  |  |
| When was your last Tdap (tetanus, diphtheria, and acellular pertussis) vaccination? | Last year |
| Do you smoke?  If yes, how much per day?  If former smoker, when did you quit? | No |
| Did you drink any alcohol during the pregnancy?  If yes, how much? | No |
| Have you used any street drugs during the pregnancy?  If yes, which ones? | No |

THE ABOVE INFORMATION IS CORRECT. I HAVE TAKEN TIME TO PREVIOUSLY INVESTIGATE MY PERSONAL AND FAMILY MEDICAL HISTORY SO AS TO ENSURE ACCURATE RESPONSES TO THE ABOVE.

|  |  |
| --- | --- |
| **Signature:** Jenny Brown | **Practitioner Reviewed:** Shelley Northridge, CNM |

Antenatal Assessment Form

Pregnancy Support Program

|  |  |
| --- | --- |
| **Patient Name:** Jenny Brown | **Age:** 29 |
| **Symptoms since last visit:** |  |
| **Pregnancy gestation:** |  |
| **Blood pressure:** |  |
| **Weight:** | **Weight gain since last visit:** |
| **Urine dipstick results:** | Glucose:  Albumin:  Leukocytes:  no  yes |
| **Fundal height:** |  |
| **Fetal heart rate:** |  |
| **Fetal movement:** |  |
| **Preterm labor symptoms present?** | no  yes – describe: |

|  |  |
| --- | --- |
| **Plans/Education provided at this visit:** | |
| Anesthesia for birth | Work precautions |
| Childbirth classes | Pregnancy danger signs |
| Physical/sexual activity | Preterm labor symptoms |
| Labor signs | Circumcision |
| Nutrition counseling | Travel |
| Tobacco, alcohol | Lifestyle |
| Breast or bottle feeding | Pediatrician selection |
| Postpartum birth control | Newborn car seat |