PATIENT CHART

Chart for Jenny Brown Simulation #3

Download the following tool and attach to chart:

* Edinburgh Postnatal Depression Scale

 <http://www.fresno.ucsf.edu/pediatrics/downloads/edinburghscale.pdf>

SBAR Report Students Will Receive Before Simulation

**Time:** 0700, weekday morning

**Person providing report:** Nurse going off duty

**Situation:** Jenny Brown, 29 years old, was admitted yesterday in labor. She gave birth approximately 12 hours ago to Samantha, a 7 lb 10 oz healthy female infant with a right-sided unilateral cleft lip and palate. The vaginal birth was uncomplicated. A neonatologist, NICU nurse, and respiratory therapist attended the delivery and provided immediate newborn care. The boyfriend, Eric, has been here all night. He just went to get some breakfast and will be back soon.

**Background:** Jenny is a Gravida 1, now Para 1, who had a spontaneous vaginal delivery without anesthesia at 1900 hours last evening. A certified nurse midwife attended the birth and the neonatologist and NICU team were on hand for delivery. Baby’s Apgars were 8 and 9 and she has stayed in the mom’s room ever since delivery. Baby has a right-sided unilateral cleft lip and palate that was detected by ultrasound when mom was 18 weeks pregnant. Mom is an Iraq veteran who served in a combat zone. She had a 3-day voluntary psychiatric hospitalization for a panic attack when she learned about the baby’s condition after the ultrasound. She was subsequently diagnosed with PTSD. The midwife says that Jenny’s mental health status has been stable since she started getting help at the VA, but Jenny is experiencing anxiety about her ability to care for her newborn and has expressed concerns about losing control of her emotions while caring for the infant. Jenny has some anemia; her hemoglobin and hematocrit on admission was 8.8 and 25%. She lost 500 ccs of blood at delivery.

**Assessment:** Vital signs are stable for both mom and baby. Mom: T: 97.6; Pulse: 72 & regular; Respirations: 16 & unlabored; BP: 110/68 Baby: T: 98.8; Pulse: 120 & regular; Respirations: 40 & unlabored; BP: 60 systolic/palpated

Mom has a moderate amount of dark rubra lochia and her fundus stays firm without any problem. She has been up to void several times and says she has no difficulty voiding. She hasn’t had a bowel movement. She has an intact perineum but there is some bruising and swelling. She hasn’t gotten much sleep since the delivery and expresses concern that this may cause a recurrence of the “breakdown” she experienced when she learned of the baby’s cleft lip and palate. She expresses happiness about the baby, then sometimes starts crying – maybe a little more than usual for a mom at this stage of postpartum. She is worried about how the baby is feeding. She wants to breastfeed but is afraid she won’t be able to because of the baby’s lip and palate. She is anxious about the baby’s upcoming surgeries, appearance, ability to gain weight, hearing, and speech and language development.

Baby was a little cold initially, but her blood sugar was normal, and she warmed right up with some skin-to-skin contact. She’s pretty much been “skin to skin” since she was born except for feedings. She’s passed two meconium stools but hasn’t voided yet. The cleft lip is complete; the cleft palate extends only minimally through the hard palate and does not affect the soft palate. We are using a special needs feeder that seems to be working fine. She’s a little sleepy so feedings have been slow. The lactation consultant will stop by to visit later. The Infant Feeding Team may also be contacted to do an assessment and help Jenny with breastfeeding.

Parental attachment appears to be going well. There is a lot of good eye contact between parents and between each parent and baby. Dad helped with the first bath and when he can get the baby away from the mother, he holds her and talks to her. They both call her by her name, Samantha.

**Recommendation:** Both mom and baby are due for assessments. Mom needs to be a little more active today because they are planning for discharge tomorrow. She will have another hemoglobin and hematocrit and will need to take iron supplements after she goes home. She has many questions about care of herself and baby. She says she and the baby’s father have done a lot of studying about cleft lip and palate, but she still seems confused about details of the procedure, the recovery, or future needs for intervention. It may help if you review what the course of treatment is likely to be. Assess her mental and emotional status and have her complete the Edinburgh Postpartum Depression Scale. She should follow up with her psychiatric mental health professional at the VA sometime soon too. Both Jenny and Eric will need teaching about how to recognize early signs of increasing emotional distress and how to manage it. Jenny has expressed concern about having another mental break.

Provider Orders

**Allergies/Sensitivities:** None known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Tuesday 2000 | **Postpartum Orders****Admit to Acute Mother-Baby Unit****Service: Women’s Health****Condition of patient:** Good1. **DIET:** Regular diet as tolerated
2. **VITAL SIGNS:** every.8 hours with assessment of postpartum parameters check; notify MD for T>101.5, HR>120, heavy bleeding, alteration in mental status
3. **ACTIVITY:** as tolerated
4. **SAFETY CHECKS:** every 2 hours for first 24 hours, then every 4 hours
5. **LABS:** Hemoglobin & hematocrit at 24 hours
6. **MEDICATIONS:**
	1. Prenatal vitamin po every am
	2. Ferrous sulfate 325 mg every am
	3. Ibuprofen 600 mg po every 6 hours prn for cramping or perineal pain
7. **IV ORDER:** If need to start IV to administer medication, leave saline lock in place
8. **MISCELLANEOUS:** Contact maxillofacial team to visit patient before discharge. Home care follow up after discharge.

Shelley Northridge, CNM |

Lab Data

|  |  |  |
| --- | --- | --- |
| **Hematology** | **Result** | **Reference Range** |
| HGB (Hemoglobin) | 8.8 | 12.0-15.6 g/dL (F)13.0-18.0 g/dL (M) |
| HCT (Hematocrit) | 28% | 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 |

Medication Administration Record

Scheduled & Routine Drugs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of Administration:** | **Initials** |
|  | Prenatal vitamin  |  |  |  | 0900 |  |  |
|  | Ferrous sulfate | 325 mg |  |  | 0900 |  |  |

PRN and STAT Medications

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Date/Time Administered:** | **Initials** |
|  | Ibuprofen  | 600 mg | po every 6 hours | prn cramping or perineal pain |  |  |  |

Provider’s Orders: Newborn

**Allergies/Sensitivities:** Not known

|  |  |
| --- | --- |
| **Date/Time:** |  |
| Tuesday 2000 | **Newborn Orders****Admit to Mother-Baby Unit****Service: Pediatrics****Condition of patient:** Good1. **NUTRITION:** Use special needs feeder to ensure 90 cals/kg/day minimum; may breastfeed. Consult lactation specialist ASAP to assist mother with pumping, possible breastfeeding
2. **VITAL SIGNS:** every 4 hours; notify MD for unstable temp, respiratory difficulty
3. **HEPATITIS PROPHYLAXIS:** per unit routine based on mother’s screening results
4. **SAFETY CHECKS:** every 2 hours for first 24 hours, then every 4 hours
5. **LABS:** Hemoglobin & hematocrit at 24 hours
6. **SPECIAL CARE:** Notify maxillofacial team of birth; request craniofacial team evaluation before discharge
7. **MEDICATIONS:** Erythromycin ophthalmic ointment, ½” in both eyes within one hour following birth for prophylaxis against infection

Linda Barkus, MD |

Lab Data

|  |  |  |  |
| --- | --- | --- | --- |
| **Glucose** | **Time:** | **Result:** | **Reference range:** |
|  | 2000 | 70 | 80 – 90 mg/dl |
|  | 2200 | 80 |  |
|  | 2400 | 80 |  |

Medication Administration Record

Scheduled & Routine Drugs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Hours of Administration:** | **Date of Administration:** | **Initials** |
|  | Erythromycin ophthalmic ointment |  |  | Once | 1930 | Wednesday | * *DG*
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Nurse Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Initial** | **Nurse Signature** | **Initial** | **Nurse Signature** |
| DG | Debbie Grey, RN |  |  |