PATIENT CHART

Chart for Mary Lou Brady - Simulation #2

SBAR Report Students Will Receive Before Simulation

**Time:** Any time of day

**Person providing report:** Sara Miller, RN, CRNP

**Situation:** Mary Lou Brady is a 26-year-old gravida 1, para 0 woman who is coming to the maternal-child care (MCH) office for a prenatal visit.

**Background:** This is Mrs. Brady’s first pregnancy. Mary Lou had a right-sided stroke 6 years ago while she was in college. She has residual paralysis and left-side deficits of both her upper and lower extremities. She usually walks without assistance, and is able to move her left shoulder, but is unable to moveher left arm without moving or lifting it with her right arm. She is right-handed. She does not have fine motor movements of the fingers on her left hand. Her left leg can bear weight and move, and she can ambulate without assistive devices, but she often will swing her left leg while walking. Her last prenatal visit was at 24 weeks. At that time her vital signs were stable. Her urine dipstick test was negative for protein and glucose. Fundal height was within normal limits and Mary Lou reports positive fetal movement. Patient denied any cramping, vaginal bleeding or discharge, leakage of fluid. Her nutritional intake was reviewed and patient education was provided. Discussed laboratory studies required and glucose screening for next prenatal visit. Patient expressed no concerns at this time. Follow-up was scheduled in 4 weeks.

**Assessment:** Mary Lou’s previous prenatal visits have been within normal limits. Today, the patient care tech took her vital signs and they were: Temp 98; Pulse 72; R 18; BP 134/88. Her urine dip was negative for protein and glucose. Her Blood Type is O positive.

**Recommendation:** Complete a 28**-**week prenatal assessment and initiate appropriate care as needed. Follow up on any needed assessment and teaching concerns. Because of her previous stroke history and slight rise in blood pressure today, please include an assessment for headache, possible vision changes, balance and gait, and explore any other symptoms with her.

|  |  |
| --- | --- |
| **Patient Name:** Mary Lou Brady | **MRN:** 123-456-789 |
| **DOB:** 01-05-YYYY (reflect age 26)  **Age:** 26 | **Provider Team:** Joseph McGuire, MD; Sara Miller, RN, CRNP |
| **Address:** 22 Alice Street, New City | **Diagnosis:**  Intrauterine pregnancy; right-sided stroke at age 20 |
| **Phone**: 222-555-4848 | **Allergies:** no known allergies |

**Gender**: Female **Age**: 26

**Race**: **Weight**: **Height**: [Race, Weight & Height should reflect those of simulated patient. Since weight gain is important data to collect, it has been highlighted in yellow in template and chart materials so you can insert actual weights.]

**Religion**: Catholic

**Major Support:** Husband **Support Phone:** 555-666-1212

Home Medications

**Allergies:** No known allergies

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of Order:** | **Medication:** | **Dosage:** | **Route:** | **Frequency:** | **Reason:** | **Hours to be Given:** |
| Xx/xx/xx | Prenatal Vitamin | i | PO | Daily | Nutritional support | AM |
| Xx/xx/xx | ASA 81 mg | i | PO | Daily | Prevention of clot formation | AM |

Provider Orders

**Allergies/Sensitivities:** None

|  |  |
| --- | --- |
| **Date/Time:** |  |
| First visit | **Routine antenatal care for all trimesters**: Urine by dipstick for glucose and protein, weight, fundal height,  **Second and third trimesters**: Check for presence of edema, fetal heart rate, fetal activity |
|  | **Medications:**  prenatal vitamin one daily  acetylsalicylic acid 81 mg daily |
|  | **Laboratory Tests First Trimester:** CBC, blood type & Rh, urinalysis (clean catch), syphilis serology, gonorrhea & chlamydia cultures, HIV screen, Hepatitis B surface antigen screen, rubella titer, PAP smear |
|  | **Laboratory Tests Second Trimester (20 weeks gestation):** Quad screen, Glucose Tolerance test, H & H |
|  | **NOTIFY PROVIDER:** For any abnormal findings or positive screenings, patient concerns |
|  | Joseph McGuire, MD |

Progress Notes

|  |  |
| --- | --- |
| **Date/Time:** | **8-week visit** |
| Xx/xx/xx  0930 | **Initial visit**:  Mary Lou Brady is a 26-year-old female, gravida 1, para 0, who came to our practice at approximately 8 weeks gestation with a planned pregnancy. Estimated delivery date was determined to be \_\_\_\_\_\_\_\_\_\_\_\_(date).  Patient denies any history of smoking, alcohol, or substance use. She lives at home with her husband. MLB works as a manager in the mortgage and banking business. Weight XX lbs.  **Medical Hx**: Mary Lou had a stroke 6 years ago when she was in college. She has residual paralysis of the left upper extremity and her left leg. She is able to walk and perform ADLs. She is right handed.  Pelvic exam, normal. Vaginal PAP smear sent to lab for cytology  **Anticipatory Guidance**  Provided information to MLB and her husband about physical changes of pregnancy, what to expect the first trimester, relief measures for common discomforts, fetal development, nutrition, and warning/danger signs to report to health care provider  Return visit in 4 weeks and then every 4 weeks. Sara Miller, RN, CRNP |

|  |  |
| --- | --- |
| **Date/Time:** | **12-week return visit** |
| Xx/xx/xx  1115 | MLB came at 12 weeks gestation for a scheduled prenatal appointment along with her husband. She had no concerns at this time and appeared excited that her pregnancy is going well.  Vital Signs: Temp 98.6; Pulse 72; BP 128/78  Weight gain 3 pounds Weight XX lbs.  Urine dip – negative  Ultrasound done - Fetal heart beat present Sara Miller, RN, CRNP |

|  |  |
| --- | --- |
| Date/Time | **12-week return visit – Physician Note:** |
| XX/XX/XX  1200 | Evaluated Mary Lou Brady today because of her past history of stroke at age 20. Mary Lou is now 26 and has left-sided weakness, but has had no additional issues related to stroke. Following the stroke, she discontinued taking birth control pills. Currently pregnant at 12 weeks. States feels well and happy about being pregnant. Thus far is doing well in pregnancy. Denies headaches, change in vision, loss of balance, confusion, problems speaking, numbness of face, hiccups, nausea, indigestion, weakness other than residual muscle weakness on left side, chest pain, and shortness of breath or tachycardia. Has had muscle weakness of left arm and leg following stroke. Able to walk and carry out ADLs. Uses right arm to assist left, and swings leg out to side while walking.  Physical exam: Able to speak without difficulty. Full ROM of head. Alert and oriented x3.  PERRLA. EOMs intact. Visual fields intact to confrontation. No facial droop.  Hearing grossly WNL. Palate rise symmetrical and tongue midline.  Face symmetrical, able to frown, clench teeth. Responds positively to sensation on the face. Neck – able to move neck freely and against pressure. No lymphadenopathy.  Left arm and left leg weak. Unable to move arm and leg against my hand. Strength is 0 in left arm and 0 to +1 in left leg. Reflexes on left at bicep and patella 0. Sensation is WNL.  Right arm and leg are able to move freely. Right hand –strong grip, right shoulder shrug, hip strength, hip extension, knee extension +5 in strength. Sensation on right is +5. Gait is uneven, left leg swings out while walking. Reflexes on right at bicep and patella +2. Sensation is WNL.  CV – heart rate 86, rhythm regular, no murmurs, rubs, gallops. +2 pulses radial and Dorsalis pedis bilaterally  Lungs – breath sounds even, no adventitious sounds heard  Abd – rounded, bowel sounds present  No tremors or other abnormal movement noted.  Joseph McGuire, MD |

|  |  |
| --- | --- |
| **Date/Time:** | **16-week return visit** |
| Xx/xx/xx  0815 | MLB is 16 weeks gestation. States she is “feeling well” but “tired” after working all day. She denies any abdominal cramping, spotting or vaginal discharge. Her appetite is normal and weight gain is 2 pounds since last visit (5 pounds total gain during this pregnancy)  Vital Signs: Temp 97.5 Pulse 72 BP 130/80  Urine dipstick – negative for protein and glucose  FHR – 160 via Doppler  MLB had no concerns, follow up in 4 weeks Sara Miller, RN, CRNP |

|  |  |
| --- | --- |
| **Date/Time:** | **20-week return visit** |
| Xx/xx/xx  0830 | MLB came for prenatal appointment at 20 weeks. Quad screen was normal. Fetal anatomy scan was normal. EDD confirmed. She was so glad that all of her tests came back without complications identified. She also expressed her excitement to shop for maternity clothes.  **Vital Signs**: Temp 98.3 Pulse 72 BP 132/82  Urine dipstick negative for protein and glucose.  Patient denies blurred vision, headaches, and epigastric pain. She reports intermittent pedal edema and swollen fingers. Will continue to monitor BPs. Instructed MLB to contact OB provider if she has any symptoms associated with increased BPs.  Fundal height – WNL at umbilicus  Weight gain – +4 pounds since last visit (9 pounds total weight gain)  **Plan:**  Follow up if s/s of increased BP. Screening for gestational diabetes with 1-hr glucose challenge test prior to 24**-**week visit. Antibody screen prior to next visit due to Rh status. Will consider further labs and 24-hour urine analysis if increased BP’s or s/s of preeclampsia present.  Return in 2 weeks for a follow up blood pressure check. If WNL- return in 2 more weeks for routine exam. Sara Miller, RN, CRNP |

|  |  |
| --- | --- |
| **Date/Time:** | **22-week return visit (Blood Pressure check)** |
| XX/XX/XX  1000 AM | Blood pressure was checked today: 126/88. To return in two weeks for routine 4 week appointment. Claire Freeda, RN |

|  |  |
| --- | --- |
| **Date/Time:** | **24-week return visit** |
| Xx/xx/xx  0915 | MLB returned for a BP check at 22 weeks, and BP was WNL. Today she states that she feels better. She denies swelling, headaches, epigastric pain or blurred vision. States pedal edema gets better when she elevates her feet in the evening after work. She reports that her walking feels a bit unsteady at times. We discussed the physiological changes of pregnancy and the impact on her center of gravity and that with her stroke history, she may be at risk for falling. Will consider a physical therapy consult to address these symptoms/concerns.  Her husband is traveling for business this week. MLB appears to be happy and is planning to decorate the baby’s nursery. No other significant changes reported since last visit.  Vital Signs: Temp 98.0 Pulse 74 BP 130/80 Urine dip – trace protein  Weight gain - +6 pounds since last visit (15 total pounds)  Fundal height – WNL (+4 above umbilicus)  FHR 160  Patient denies cramping, vaginal bleeding or discharge, and dysuria  Patient reports + fetal movement  Reinforced warning signs that need to be reported to OB care provider such as s/s of PTL (preterm labor) and s/s of increased BPs  Follow-up visit in 4 weeks if patient remains asymptomatic.  Return in 2 weeks for a follow-up blood pressure check. If WNL - return in 2 more weeks for routine exam. Sara Miller, RN, CRNP |

|  |  |
| --- | --- |
| XX/XX/XX | **24-week return visit – Physician Note:** |
|  | Met with Mary Lou today to discuss the second trimester testing completed recently. Quad screen testing explained, and results reviewed and explained. Results were WNL.  Discussed pregnancy concerns and physiological changes. Reviewed safety concerns with gait and balance and instructed patient to call if any changes or concerns.  Patient aware to report any symptoms such as LOF (leakage of fluid), vaginal cramping or bleeding, decreased fetal movement, fever, chills, edema, headaches, any visual changes or dizziness.  Plan: Return in 2 weeks for a follow-up blood pressure check. If WNL - return in 2 more weeks for routine exam. See again in third trimester, unless any issues arise.  Joseph McGuire, MD |

|  |  |
| --- | --- |
| **Date/Time:** | **26-week return visit (Blood Pressure Check)** |
| Xx/xx/xx | Blood pressure was checked today: 128/86. To return in two weeks for routine 4 week appointment. Claire Freeda, RN |

Lab Data

First trimester of pregnancy

|  |  |
| --- | --- |
| **Blood Bank Report** | |
| **ABO Blood type:** | O |
| **Rh Type** | Positive |
| **Antibody Screen** | Negative |

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result** | **Reference Range** |
| WBC (White Blood Count) | 10.2 | 3.6-11.0 K/uL |
| RBC (Red Blood Count) | 5.0 | 4.5-5.9 M/uL |
| HGB (Hemoglobin) | 12.5 | 12.0-15.6 g/dL (F)  13.0-18.0 g/dL (M) |
| HCT (Hematocrit) | 40 | 36-46 % (F)  40-52 % (M) |
| PLT (Platelets) | 225 | 150-450 K/uL |

|  |  |  |
| --- | --- | --- |
| **Urinalysis** | **Result** | **Reference Range** |
| **Urine Specimen Type:** Clean catch | | |
| Color | Dark yellow | Yellow – dark yellow |
| Appearance | Clear | Clear |
| Specific gravity | 1.018 | 1.016-1.022 |
| Bacteria | Absent | Absent |
| WBC | Trace | Negative – trace |
| RBC | Negative | Negative – trace |
| pH | 5.5 | 5-6 |
| Ketones | Negative | Negative |
| Protein | Negative | Negative |
| Glucose | Negative | 0-15 mg/dl |

|  |  |
| --- | --- |
| **Pap Test – Cytology** | **Result** |
| **Cells present** | Satisfactory |
| **Hormonal Evaluation** | Normal |
| **Inflammation** | None |
| **Smear Characteristics** | Negative for malignant cells  Cells appear normal |

|  |  |  |  |
| --- | --- | --- | --- |
| **HIV Screen** | **Value** | **Range** | **Result** |
| HIV-1Antibody | https://upload.wikimedia.org/wikipedia/commons/9/92/Less_than_sign.png1.00 | https://upload.wikimedia.org/wikipedia/commons/9/92/Less_than_sign.png1.00 | Negative |
| HIV 1/O/2 Abs, Qual | Non-Reactive | Non-Reactive | Negative |

|  |  |
| --- | --- |
| **Syphilis Serology** | **Result** |
| **RPR** | Non-reactive |
| **VDRL** | Negative |

|  |  |
| --- | --- |
| **Gonorrhea and Chlamydia Cultures** | **Result** |
| Chlamydia | Negative |
| Gonorrhea | Negative |
| Hepatitis B | Negative |
| Hepatitis C | Negative |
| Herpes Simplex Virus Type I | Negative |
| Herpes Simplex Virus Type II | Negative |

|  |  |
| --- | --- |
| **Hepatitis B Surface Antigen Screen** | **Result** |
| HBsAg | Negative |

|  |  |
| --- | --- |
| **Rubella Test** | **Result** |
| Rubella IgG | Rubella Immune |
| Rubella IgM | Rubella Immune |

|  |  |  |
| --- | --- | --- |
| **TB Skin Test Administration** | | **Result** |
| **Date Given:** xx/xx/xx | | **Date Read**: xx/xx/xx |
| **Administered by:** JA, RN | | **Read By:** JA, RN |
| **Dose: (.1 mL 5TU PPD)** | | **Forearm X** R L |
| **Result** | **Negative: Yes** | |
| JA | Janis Adamson, RN | |

Lab Data

Second trimester of pregnancy

|  |
| --- |
| **Quad Screen:** |
| Quad screen negative – normal findings/results |

|  |  |
| --- | --- |
| **Glucose Tolerance Test** | **Result** |
| **Fasting result** | 80 mg/dL |
| **1 hour** | 88 mg/dL |

|  |  |  |
| --- | --- | --- |
| **Complete Blood Count** | **Result** | **Reference Range** |
| WBC (White Blood Count) | 9.7 | 3.6-11.0 K/uL |
| RBC (Red Blood Count) | 4.5 | 4.5-5.9 M/uL |
| HGB (Hemoglobin) | 12.5 | 12.0-15.6 g/dL (F)  13.0-18.0 g/dL (M) |
| HCT (Hematocrit) | 38 | 36-46 % (F)  40-52 % (M) |
| PLT (Platelets) | 325 | 150-450 K/uL |

|  |  |  |
| --- | --- | --- |
| **Urinalysis** | **Result** | **Reference Range** |
| **Urine Specimen Type:** Free catch |  | |
| Color | Dark yellow | Yellow- dark yellow |
| Appearance | Clear | Clear |
| Specific gravity | 1.017 | 1.016-1.022  Higher values- may indicate dehydration |
| Bacteria | Absent | Absent |
| WBC | Trace | Negative- trace |
| RBC | Negative | Negative- trace |
| pH | 5.2 | 5-6 |
| Ketones | Negative | Negative |
| Protein | Negative | Negative |
| Glucose | Negative | 0-15 mg/dl |