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# Simulation Design Template

**Date:** Spring 2017

**Discipline:** Nursing

**Expected Simulation Run Time:** 10 mins

**Location:**

**File Name:** Postpartum Hemorrhage (Uterine Atony)

**Student Level:** Maternity Course

**Guided Reflection Time:** 20 minutes

**Location for Reflection:**

**Admission Date:** | **Today's Date:**

## Brief Description of Client

**Name:** Susan Brown

**Gender:** F   **Age:** 28   **Race:** Faculty select   **Weight:** 165 lbs.   **Height:** 5ft 2in

**Religion:** Catholic

**Major Support:** Wife   **Support Phone:** 301-222-1122

**Allergies:** NKA   **Immunizations:** Up to date

**Primary Care Provider/Team:** A. Brown, CNM

**Past Medical History:** None

**History of Present Illness:** G2 P2, 2-hour post-partum, precipitous delivery at 0642 of 9lb 2oz (4173 gms) male, second degree laceration repaired with local Lidocaine. Estimated Blood Loss 250 ml. 18-gauge IV access in left hand. Fundus firm, midline, at the umbilicus. Voided 150 ml 30 minutes ago. Denied any pain or discomfort. Last v/s T:98.8, P102, BP116/72, RR18 SpO2 98% on room air.

**Social History:** social drinker (1 x month wine)

**Primary Medical Diagnosis:** Precipitous Vaginal delivery

**Surgeries/Procedures & Dates:** None

**Nursing Diagnoses:** Deficient fluid volume; Ineffective Tissue Perfusion

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## Psychomotor Skills Required Prior to Simulation:

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- Postpartum Assessment (BUBBLE EE)
- Inserting a Foley Catheter
- Correctly Administering IVF/ Medication
- Work collaborate as part of the PPH team

## Cognitive Activities Required Prior to Simulation:

[i.e. independent reading (R), video review (V), computer simulations (CS), lecture (L)]

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Use lecture and independent reading assignments to review:

- factors in the patients past obstetric history that contribute to (PPH)
- factors during labor that contributes to risk for PPH
- signs and symptoms of PPH
- the different roles of the PPH team

## Simulation Learning Objectives

### General Objectives:

1. Care for a client experiencing postpartum hemorrhage (r/t Uterine Atony)
2. Perform nursing interventions for patient experiencing PPH
3. Provide emotional support to patient experiencing PPH
4. Profession communication during a PPH

### Simulation Scenario Objectives:

1. Complete postpartum assessment
2. Assess if patient is having a PPH
3. Call a code for PPH (Code PPH)
4. Perform fundal massage
5. Perform NI during a PPH (insert a foley catheter / administer IVF)
6. Provide emotional support



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## References, Evidence-Based Practice Guidelines, Protocols, or Algorithms Used for This Scenario:

Ricci, S.:Kyle, T.:Carman,S. (2017). *Maternity and Pediatric Nursing, 3rd Edition*. Philadelphia: Wolters Kluwer .

<https://www.acog.org/About-ACOG/ACOG-Districts/District-II/SMI-OB-Hemorrhage>

<https://www.cmqcc.org/qi-initiatives/obstetric-hemorrhage>



## Fidelity (choose all that apply to this simulation)

### Setting/Environment:

- ER
- Med-Surg
- Peds
- ICU
- OR / PACU
- Women's Center (HC 346)
- Behavioral Health
- Home Health
- Pre-Hospital
- Other:

### Simulator Manikin/s Needed:

### Props:

### Equipment Attached to Manikin:

- IV tubing with primary line
- Secondary IV Line
- IV pump
- Foley Catheter
- PCA pump running
- IVPB with running at  mL/hr
- O2
- Monitor attached
- ID band
- Other: Saline Lock

### Equipment Available in Room:

- Bedpan/Urinal
- Foley kit
- Straight Catheter Kit
- Incentive Spirometer
- Fluids
- IV start kit
- IV tubing
- IVPB Tubing
- IV Pump

### Medications and Fluids: (see chart)

**PPH Code Cart** See the attached page for

### Medications

- IV Fluids **Lactated Ringers (LR) 1000ml, Pitocin/Oxytocin 30units in 500ml /LR**
- Rectal Meds: **Misoprostol (Cytotec)Tab 600-1000mcg**
- IVPB
- IV Push: **Ketorolac 30 mg**
- IM: **Hemabate and Methylergonivine Vials**

### Diagnostics Available: (see chart)

- Labs: **CBC** See orders or EHR
- X-rays (Images)
- 12-Lead EKG
- Other:

### Documentation Forms:

- Provider Orders
- Admit Orders
- Flow sheet
- Medication Administration Record
- Graphic Record
- Shift Assessment
- Triage Forms
- Code Record
- Anesthesia / PACU Record
- Standing (**PPH Protocol**) Orders
- Transfer Orders
- Other:

### Recommended Mode for Simulation: Manual

(i.e. manual, programmed, etc.)

### Student Information Needed Prior to Scenario:

- Has been oriented to simulator
- Understands guidelines /expectations for scenario



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<input type="checkbox"/> Feeding Pump	<input checked="" type="checkbox"/> Has accomplished all pre-simulation requirements
<input type="checkbox"/> Pressure Bag	<input checked="" type="checkbox"/> All participants understand their assigned roles
<input checked="" type="checkbox"/> O2 delivery device (type) non-rebreather mask	<input checked="" type="checkbox"/> Has been given time frame expectations
<input type="checkbox"/> Crash cart with airway devices and emergency medications	<input type="checkbox"/> Other:
<input type="checkbox"/> Defibrillator/Pacer	
<input type="checkbox"/> Suction	
<input checked="" type="checkbox"/> Other: Scale: Baby Scale	

<b>Roles/Guidelines for Roles:</b>	<b>Important Information Related to Roles:</b>
<input checked="" type="checkbox"/> Primary Nurse	
<input checked="" type="checkbox"/> Secondary Nurse: Medication nurse	
<input type="checkbox"/> Clinical Instructor	
<input checked="" type="checkbox"/> Family Member #1	
<input type="checkbox"/> Family Member #2	
<input type="checkbox"/> Observer/s	
<input checked="" type="checkbox"/> Recorder	
<input checked="" type="checkbox"/> Certified Nurse Midwife (CNM)	
<input type="checkbox"/> Respiratory Therapy	
<input type="checkbox"/> Anesthesia	
<input type="checkbox"/> Pharmacy	
<input type="checkbox"/> Lab	
<input type="checkbox"/> Imaging	
<input type="checkbox"/> Social Services	
<input type="checkbox"/> Clergy	
<input type="checkbox"/> Unlicensed Assistive Personnel	
<input type="checkbox"/> Code Team	
<input checked="" type="checkbox"/> Other: Charge Nurse, Report nurse	



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## Report Students Will Receive Before Simulation

**Time: 0900**

**Susan Brown, 28y/o G4P3 (SAB 2014) NKA, O+ GBS -, Rubella Immune. Arrived at 0530, SROM at 0610, and had a NSVD delivery (precipitous) at 0642, 9 lb baby boy. Non-medicated, IV access/ saline lock. EBL was 250, second degree laceration that was repaired with local lidocaine. Fundus is midline, firm, and @U. She voided x1 150 ml about 10 minutes ago, ice pack applied. V/S BP 116/72, T 98.8F, P 102, SPO2 98, R 18. Refused pain medication. She plans on breast feeding, and her partner is with her.**



**Significant Lab Values:** refer to chart

**Provider Orders:** refer to chart

**Home Medications:** refer to chart



## Scenario Progression Outline

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
<b>0-5 min</b>	<p>V/S Temp 98.7F BP 105/65 P 108 RR 22 SpO2 96</p> <p>Infant skin-to-skin, not breast Feeding, fowlers position.</p>	<p>Wash hands Introduces self Identify Patient Acknowledge wife at bedside</p>	<p><b>Role member providing cue: Wife</b> Cue: <b>Who are you?</b></p>
<b>Next 5-10 min</b>	<p>Temp 98.7 BP 95/55 P 116 RR 22 SpO2 94</p> <p><b>Vocal:</b> As nurse begins to assess fundus, Complain of pain and “I think I am peeing” Pool of blood. Bleeding continues.</p>	<p>Ask wife to hold infant. Explain assessment Perform Vital signs Perform Post-partum assessment Nurse lifts blanket Place supine, assess fundus (midline &amp; boggy) Massage fundus, boggy, bleeding continues. Recognize patient is having a PPH. Calls Code PPH.</p>	<p><b>Role member providing cue: Wife</b> Cue: <b>Is she ok? Oh my God, why is she bleeding so much?</b></p>
<b>Next 5-15 min</b>	<p><b>Vocal:</b> What’s happening? (VSE, painful) 10/10 Cries out in pain, LOC: Alert/Oriented <b>V/S remains the same as above</b></p> <p>Abdomen is Boggy</p>	<p>Nurse explains she is bleeding. Code team arrives. Charge nurse: assigns roles to team (insert foley, start IVF, medication nurse, recorder, support mom &amp; partner). RN Assess client’s V/S</p>	<p><b>Role member providing cue: Wife</b> Cue: <b>What’s happening?</b></p>





		CNM perform fundal massage Orders 10L O2 non-rebreather mask; Pitocin 30Units in 500ml LR bolus; SVE to performs manual sweep of uterine cavity, removes blood clots. Orders 1000mcg misoprostol (cytotec) rectal.
<b>15-20 min</b>	<b>Vocal:</b> That was scary. Would I be ok?  V/S Temp98.7F BP 108/72 P 106 RR 22 SpO2 98	Nurse reassures Patient that everything is fine. Explain what occurred.



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## Debriefing/Guided Reflection Questions for This Simulation

(Remember to identify important concepts or curricular threads that are specific to your program)

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1. How did you feel throughout the simulation experience?
2. Describe the objectives you were able to achieve.
3. Which ones were you unable to achieve (if any)?
4. Did you have the knowledge and skills to meet objectives?
5. Were you satisfied with your ability to work through the simulation?
6. To Observer: Could the nurses have handled any aspects of the simulation differently?
7. If you were able to do this again, how could you have handled the situation differently?
8. What did the group do well?
9. What did the team feel was the primary nursing diagnosis?
10. How were physical and mental health aspects interrelated in this case?
11. What were the key assessments and interventions?
12. Is there anything else you would like to discuss?

## Complexity – Simple to Complex

Suggestions for Changing the Complexity of This Scenario to Adapt to Different Levels of Learners

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