

MHealth and Fairview Health Services

Team Training/Simulation

Maternal Sepsis and Newborn Early Onset Sepsis

Actor's Letter and Briefing

We want to thank you for your help in this training experience! The lessons that it will teach us are invaluable. We wanted to give you an idea of what to expect.

We would appreciate if you would arrive at _____. Please come to room _____. We will need you to plan on staying for 2 hours, as we would appreciate it if you came to the debriefing. You can put on hospital scrubs when you get here.

Your Background Information

You are a 20-year-old first time mom. You are 40 weeks gestation and your membranes ruptured yesterday. You went to the clinic for confirmation and then went home to pack your belongings. Your labor was induced and at the time of birth, your membranes had been ruptured for 19 hours. You are GBS+. Your highest temperature during labor was 101.2 five hours prior to delivery, you received broad spectrum antibiotics more than four hours prior to birth and you are experiencing chills and shaking following birth. You are recently delivered and your baby is on the warmer being evaluated.

What We Need Your Demeanor To Be

As your nurse enters the room, you are shaking with chills and do not feel well. You repeatedly inform your nurse that you don't feel good and feel like you have the flu. You ask how the baby is doing as there seem to be a lot of people around the warmer.

If support person available: Your mother (or other support person) doesn't understand that you are not feeling well. Support person states, "I have been waiting to hold this baby for 9 month. When can I hold the baby?"

What Will Happen

Your nurse will take your temperature, respirations, blood pressure, pulse and complete a postpartum assessment (check your belly and bleeding).

You will have a pretend IV taped to your arm. The nurse will ask you questions frequently. As the scenario progresses, the team will check the above frequently.

MEDICAL STAFF BRIEFING

Report From Nurse to Nurse

Shortly after birth

MAC/ Triage/ Labor

_____ is a 20-year-old first time mom. She is 40 weeks gestation and membranes ruptured yesterday. Amnisure was positive and she was sent home to pack her belongings and instructed to go to labor and delivery. Labor was induced and at the time of birth, membranes had been ruptured for 19 hours. She is GBS+. She was diagnosed with chorioamnionitis/Triple I. Highest temperature during labor was 101.2 five hours prior to delivery, broad spectrum antibiotics were administered more than four hours prior to birth and now she is experiencing chills and shaking following birth and complains of flu-like symptoms. She has an IV infusing.

The first set of VS are temperature 102, respirations 26, pulse 114, blood pressure 110/72. Sepsis BPA has fired.

Newborn is being evaluated by NICU on the warmer. The EOS prior to delivery was 1.13. The newborn is well appearing at birth. Newborn VS are temperature 100.8, respirations 56, heart rate 144 and pulse oximetry 98%

OB Provider Briefing

Shortly following birth

MAC/ Triage/ Labor

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The first set of VS are temperature 102, respirations 26, pulse 114, blood pressure 110/72. Sepsis BPA has fired.

Newborn is being evaluated by NICU on the warmer.

NICU Provider/Team Briefing

Shortly following birth

MAC/ Triage/ Labor

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Incidence of Early Onset Sepsis: 0.01000 live births

Weeks: 40

Days: 0

Temp Unit: Fahrenheit Celsius

Temperature(fahrenheit): 101.2

ROM(hours): 0 to 240 hours

Select GBS status: Positive Negative Unknown

AFX type and timing: Broad spectrum abs < 4 hours prior to birth Broad spectrum abs 2-3 hours prior to birth GBS Specific abs < 2 hours prior to birth None or any abs given < 2 hours prior to birth

Calculate

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Scenario Running Pt's Room

Maternal

Fetal monitor, pulse ox and blood pressure supplies
Lab results
IV pump, oxytocin and tubing
Scrubs for the actress to wear under her gown
Patient gown
ID Bands
Antibiotics
Thermometer
BPA poster printed

Neonatal

Thermometer
IV start supplies
Medfusion pump
Spacelab monitor and newborn BP cuff
Infant warmer
PC with Escobar
Placenta/cord
Newborn maniken
Medfusion pump
IV start supplies
Spacelab monitor and newborn BP cuff
Ampicillin syringe
Glucometer

Teams involved

OB Team

OB provider (if available or by phone)
L &D RN primary
Resource RN
Charge RN (if available)

NICU Team

NNP
Delivery RN
RT
Others are available

Directors Instructions for Running the Maternal Simulation Maternal Sepsis Crisis Scenario

Labor

The first set of VS following birth are temperature 102, respirations 26, pulse 114, blood pressure 110/72. Sepsis BPA has fired.

Newborn is being evaluated by NICU on the warmer.

Timeline (in minutes)	Condition (what is clinically going on with the patient)	Team Action (what actions are we anticipating the medical team to take)	Distracters (Events that require a team to care for the patient)	Props: (Tools that are used to help the healthcare team buy in to the simulation)
0-4 minutes	Condition: Temperature 102.4, respirations 26, pulse 120, blood pressure 110/72, pulse oximetry 98% C/o of flu-like symptoms, chills, sweats	Team Action: <ul style="list-style-type: none"> • RN meets patient • takes VS and BP • asks about symptoms • confirm IV access, possible: place another IV • Provider has left the room to attend another delivery 	Distracter: RN assessment, Patient not feeling well, support person asking to hold the baby and doesn't understand that patient isn't feeling well.	Props: Thermometer Fetal monitor and BP equipment IV equipment
4-7 minutes	Condition: Uterus tender, and lochia has an odor. HA is developing.	Team Action: <ul style="list-style-type: none"> • RN assesses uterus and lochia and notes tenderness and odor. • Calls provider with update when Sepsis Risk BPA fires. • Provider enters room and evaluates patient 	Distracter: Support person asking "When can I hold my baby?"	Props: Sepsis Risk BPA fires in Epic for RN to acknowledge and notify provider (sign made if RN does not enter data in Epic) on fetal monitor PC – have example printed off Sepsis Risk BPA provider view to complete infection screening on a WOW PC?

7-10 minutes	Condition: Respirations 26, pulse 120, blood pressure 100/60, MAP 73, pulse oximetry 92% C/o of flu-like symptoms, chills, sweats and is confused	Team Action: RN calls for additional nursing support, initiate O2 OB provider completes BPA alert and enters OB Sepsis Bundle Order Set	Distracter: Support person states, "When can I hold my baby!" and is on the phone calling friends and family. Distracter: "Why are you poking the baby with that needle? What is the medicine for? Will it affect baby?"	Props: IV pole and pump, fluid, portable Spacelabs monitor, EKG patches, pulse oximetry probe
10-12 minutes	Condition: Continues to be confused, BP 90/50 MAP is 63, RR 28, HR 132, Pulse oximetry 85%	Team Action: RN calls lab to come STAT for lactic acid and blood cultures RN increases IV rate of LR, call for portable Spacelab monitor for continuous EKG monitoring	Distracter: "Why is she not looking good? Is she ok?"	Antibiotics End Scene

Directors Instructions for Running the Maternal Simulation Neonatal Early Onset Sepsis at Risk Scenario

In the labor room

Newborn is being evaluated by NICU on the mother's chest. The EOS prior to delivery was 1.13. The newborn is well appearing at birth.

Timeline (in minutes)	Condition (what is clinically going on with the patient)	Team Action (what actions are we anticipating the medical team to take)	Distracters (Events that require a team to care for the patient)	Props: (Tools that are used to help the healthcare team buy in to the simulation)
0-4 minutes	Condition: Baby is vigorous, placed skin to skin with mother, color is improving from pale to pink, stimulation and	Team Action: <ul style="list-style-type: none"> • NNP examines baby • NICU RN has brought in umbilical cord blood cart 	Distracter: RN assessment, Patient not feeling well, support person asking to hold the baby and doesn't understand that	Props: Infant warmer PC with Escobar Placenta/cord Newborn maniken

	drying performed.		patient isn't feeling well.	
4-7 minutes	Condition: Newborn VS are temperature 100.8, respirations 56, heart rate 144 and pulse oximetry 96%	Team Action: <ul style="list-style-type: none"> evaluates patient and moves to warmer or could continue to evaluate on mother's chest 	Distracter: Support person asking "When can I hold my baby?"	Props: Medfusion pump IV start supplies Spacelab monitor and newborn BP cuff Ampicillin syringe Glucometer
7-10 minutes	Condition: Newborn continues to be pink, crying, and has good tone.	Team Action: Team is drawing up cultures from placenta, entering EOS score and documentation Team is starting IV with the baby placed on the warmer	Distracter: Support person states, "When can I hold my baby!" and is on the phone calling friends and family. Distracter: "Why are you poking the baby with that needle? What is the medicine for? Will it affect baby?"	Props: IV start supplies, umbilical cord blood cart
10-12 minutes	Condition: Newborn VS are temperature 100.0, respirations 50, heart rate 138 and pulse oximetry 98%	Team Action: Team is placing orders and completing tasks. Providing SBAR to Resource Nurse	Distracter: "I want to hold my baby" Mom asking to start breastfeeding.	Props: antibiotics if available

Incidence of Early-Onset Sepsis:

0.6/1000 live births

Weeks:

40

Days:

0

Temp Unit:

- Fahrenheit
- Celsius

Temperature(fahrenheit):

101.2

ROM(hours):

0 to 240 hours

Select GBS status:

- Negative
- Positive
- Unknown

ABX type and timing:

- Broad spectrum abx => 4 hours prior to birth
- Broad spectrum abx 2-3.9 hours prior to birth
- GBS Specific abx => 2 hours prior to birth
- None or any abx given < 2 hours prior to birth

Calculate!

