

Maggie



Bring our CARE4 patient's electronic medical record to life! Please feel free to practice in their charts using the exercise below as your typical role and access permits. To ensure the patient's chart continues to be accessible, please **DO NOT DISCHARGE**.

Maggie CARE4 (Birthing Unit & OBS)

28-year-old patient with twin pregnancy admitted for induction of labour

- Gravida 5 para 2
- 36 weeks gestation
- Weighs 175 lbs
- Height 5' 6"
- Group B Strep positive
- Gestational diabetic (no insulin)
- Chronic anemia
- On methadone, labetalol 200 mg BID and Cipralex 20 mg daily
- Daily use of Cannabis
- Plans to breastfeed
- Simcoe Muskoka Family Connexions involved

Patients

CGMH:

Care4-Cgmh,Maggie1
Care4-Cgmh,Maggie2
Care4-Cgmh,Maggie3

GBGH:

Care4-Gbgh,Maggie1
Care4-Gbgh,Maggie2
Care4-Gbgh,Maggie3

HHCC:

Care4-Hhcc,Maggie1
Care4-Hhcc,Maggie2
Care4-Hhcc,Maggie3

RVH:

Care4-Rvh,Maggie1
Care4-Rvh,Maggie2
Care4-Rvh,Maggie3
Care4-Rvh,Maggie4
Care4-Rvh,Maggie5

Exercise

Arrives in triage at 0730.

- Document on the OB Triage assessment all the information above
- Urine obtained and analyzed 2+ protein – POC documentation

- Electronic fetal monitor (EFM) applied for 30-minute strip prior to induction - *documented on the Triage ax.*
- Blood work ordered CBC, T&S, AST, ALT, PT and PTT -*acknowledge orders*
- *Admit patient – document on OBS Admission (info for BORN from Triage will pull through onto this document)- Triage is complete-further documentation to be on OB Labour Stage 1and2*

0900

- Prostin gel 2 mg inserted vaginally by MRP-*is this on the eMAR??*
- EFM applied for one hour post Prostin-*document on LD Flowsheet*
- Fetal heart rates documented every 15 min (*LD Flowsheet*)
- Irritable uterus from gel - *add a note in the documentation*

1000

- Monitoring for 1 hour completed- removed and encouraged to walk - *noted on the LD Flowsheet*
- FHRs every hour – *document on LD Flowsheet*

1500

- MRP enters Order to commence oxytocin induction - *Nurse acknowledges on SB*
- Patient refuses, wants epidural in place first - *request for epidural is documented on OB Labour Stage 1and 2*
- *Document IV insertion on the Infusions/Titrations intervention*
- First dose of Pen G 5 million units administered IV as per GBS protocol - *documented on the eMAR*
- Patient will receive subsequent doses of Pen G 2.5 million units IV every 4 hours until she delivers (*eMAR*)

1530

- Anaesthesiologist arrives, epidural inserted (*documented by anaesthesia*)
- Vital signs as per anaesthesia orders (*documented on flowsheet*)

1615

- Oxytocin induction commenced - *documented on eMAR and the flowsheet as per Protocol*
- FHRs documented every 15 min and BP every 30 min
- Temp and maternal pulse every 4 hours with intact membranes
- In and out urinary catheter -*document on catheter intervention and output documented on the In& Out intervention*

1700

- Vaginal exam by OB Cervix 2 cm 50% effaced - *document on LD Flowsheet*
- Artificial rupture of membranes fetal scalp electrode applied to first twin -*MRP documents in Web Acute) - FHM*
- Second twin monitored by ultrasound – *documented by MRP*
- Hourly POC glucose commenced as she is now in active labour (*results flow to EMR from glucometer*)

1800

- BP 180/110 Order received to start MgSO4 -*acknowledge order from the Status Board*
- Second IV started- *document on IV peripheral assessment*
- 4 grams of MgSO4 infused over 20 minutes followed by 1 gram per hour-*document on eMAR (via flowsheet)*
- Vital signs as per MGSO4 protocol (*this will be viewable on the eMAR with the medication*)
- *Document on preeclampsia assessment*
- Urinary catheter inserted for hourly output-*document on catheter intervention and output on the I&O intervention*

1900 document TOA at change of shift – using “Snapshot, Clinical panels....”

2300

- Transferred to OR for delivery at the direction of the MRP (*RVH clerk would relocate patient – other sites central reg.*)

- First twin assisted delivery with vacuum- *document on the LD flowsheet assisted delivery*
- *Baby is registered to have chart available-*
- Apgar 5 at 1 min - *documented on baby's chart*
- Required PPV by RRT - *RRT would document on baby's chart*
- PPV discontinued at 5 min of age. Apgar 8 at 5 min - *document on baby's chart*
-

•30 minutes passes, decision to proceed to caesarean section to deliver second twin –*Documented in SUR – site determines whether OR nurse or BU nurse*

Late entry documentation of Twin B FHR – *on EFM*

- Epidural not effective for surgery, convert to general anesthetic-*MRP would document this---not nursing documentation*
- Second twin delivered required PPV for 7 min - *documentation same as first baby.*

Uterine atony with PPH. - *document on Stage 4 LD flowsheet*

Bakri balloon inserted by MRP – *documented in bleeding interventions*

Massive Transfusion Protocol initiated by anaesthesia - *documented on TAR*

Anaesthesia discontinued MTP after first round of blood products infused.

– *add a note for details as this is a critical event—there is no massive transfusion intervention*

Patient stable to transfer to PACU (RVH specific) - *document in SUR*

- Pain S 10 on admission
- Analgesia administered *on eMAR*
- IV PCA with HYDROMORPH set up and initiated as ordered by anaesthesia
- Patient nauseated and vomiting – *document on Nausea and vomiting intervention* Antiemetics administered as per APS orders-*document on eMAR*
- POC glucose at 1 hr. post delivery

After 2 hours in PACU stable for transfer to Obstetrical Unit - *document TOA by sending nurse*

- IV PCA in progress
- Urinary catheter draining
- Refusing to do deep breathing and coughing
- Slow to move/ambulate

Both infants with patient

- Both infants require hypoglycemia of the neonate protocol
- Both required Dextrose 40% on 2 occasions for low blood sugars
- Both infants breastfeeding poorly
- Require lactation support
- Patient taught how to pump breasts
- Infants supplemented via lactation aid utilizing expressed breast milk
- Required 2 units of blood on post op day 2
- Agreed to have Social Worker visit and provide support

Day 3

- Babies feeding better
- Ambulating well