

Bringing Obstetrics into the Emergency Department Utilizing Simulation and Collaboration

Karen Prescott MSN, RN, CNOR
Barbara Semroc MSN, RNC-OB, C-EFM



Background

- To educate the Emergency Department (ED) nursing staff on how to perform a focused assessment on an obstetric (OB) patient who presents to their department.
- Through the use of simulation, the staff participated in a precipitous delivery drill and learned how to assist with two potential emergencies:
 - Shoulder Dystocia
 - OB Hemorrhage
- The ED Nursing Professional Development Specialists (NPDSs) acknowledged the educational need with regard to care of the OB patient and coordinated with OB NPDSs and the simulation team to incorporate OB situations in their ED competency sessions which included non-delivering, as well as delivering facilities.

Discussion

- A multidisciplinary approach was developed utilizing each facilities' work environment, equipment and co-workers, thus assisting staff to become more knowledgeable and comfortable participating in precipitous delivery situations.
- Additional emphasis was then directed toward potential complications to further enhance care of the OB patient who presents in the ED.

Methods

- Competency dates were set by the ED NPDS and simulation team and communicated to the OB NPDS.
- Thirteen facilities, incorporating 144 sessions, over 700 nurses, were to be completed in six months.
- Pilot sessions were held at one facility to discern workflow, time frame, and educational topics.
- Among those topics were:
 - How to locate and document fetal heart rate tones
 - Activate OB Auto Launch
 - Basics of delivery
 - Nurse's role and responsibilities regarding both mother and infant
- There were 16 pilot sessions.
- To complete the competency sessions, the education teams traveled to each facility so staff could work in their own setting to enhance their effectiveness.
- Sessions lasted 90 minutes which included 45 minutes for OB simulations.
- Simulation team provided a delivering mannequin and props to create a realistic environment.
- Sessions included other topics:
 - Radiant warmer
 - Nurse's role in neonatal resuscitation
 - APGARs
 - Documentation
 - Mobilization of the OB transfer team



Results

- Staff signed in using tablets and then completed an anonymous evaluation following simulation.
- Staff verbalized that it was a positive learning environment.
- To use as a reference, a resource binder was provided to each facility.

References

- Perry, S.E., Lowdermilk, D.L., Cashion, K., Alden, K.R. (2018). *Maternal Child Nursing Care* (6th ed.) St. Louis, MO. Elsevier.
- ACOG Practice Bulletin. Number 183. October 2017. *Postpartum Hemorrhage*.
- Scott, J. (2016). Obstetric Transport. *Obstetrics and Gynecology Clinics of North America*, 43(4), 821-840. Doi:10.1016/j.ogc.2016.07.013
- Blake, C. "Did you just say...The Baby's Coming? A Nurse's Guide to Prepare for a Safe Precipitous Delivery in the Emergency Department". *Journal of Emergency Nursing*. 2012; 38:296-300.

Acknowledgment

Thank you to the following
ED Nursing Professional Development Specialists:

- Patricia Dlouhy MSN/ED, RN-BC, CEN
- Lora Laszlo MSN, RN-BC, CEN, CPEN
- Maria Roznik BSN, RN-BC, CEN

Simulation Operational Specialists:

- Hans Baumgartner BS
- Robert Joseph AAS, NREMT-P, CHSOS