

MATERNAL, NEWBORN AND CHILDREN'S SIMULATION PROGRAM ISBAR Neonatal workshop

Situation 1: Nursing Handover

You are the nurse in charge for night duty having just come back from 1 week holiday. You are asked by a new staff member to review her patient – neonate with severe work of breathing. On attending the patient you realise that the patient needs an urgent medical review. You page the neonatal registrar. What will you say on the phone?

Patient details: Emily Simmons
Hospital ID: 367800
DOB: 02.01.2013
Ward: NICU
Consultant: Dr A Moody

History:

- Ex term infant admitted with severe Pierre Robin Sequence
- increased work of breathing, green sputum
- Parents have gone home overnight

Examination:

- Patient working hard & coughing+++
- Temperature 39.2
- Thick secretions from nose and mouth
- Desaturated

Observation Chart:

	07:00 today	15:00 today	NOW
HR	144	158	195
RR	45	52	84
BP	65/44	60/40	48/35
Sat	94% in air	95% in air	84%
Temp	35.6	-	39.2

This project was possible due to funding made available by Health Workforce Australia

Situation 2: Medical Handover

You are the NICU registrar on call overnight. handing over in the morning to the day team in the neonatal unit. You need to tell them about 2 new admissions

Admissions:

1. Alex Pymen- (5mths, ex-preterm 26 weeks, so 1 month corrected age on Home O2 0.5L/min) Admitted D2 of bronchiolitis Moderate WOB on 2l/min nasal oxygen, still feeding. Oxygen saturation deteriorating. Crackles & wheezes. 2 yr old Sibling with URTI

2. Olivia Samson

41/40 female 20 hours of age, brought in by NETS

Delivered through Meconium, APGARs 3¹ 5¹⁰ ventilated by 30 min of age,

Admitted by NETS, UVC UAC inserted, started dobutamine for hypotension, CXR R Pneumothorax, started Nitric Oxide, R ICD inserted, antibiotics commenced

Arrived 1 hours ago, FiO2 1.00 Pressures 35/5 x 60 x 1.00 IT 0.6 just muscle relaxed, waiting for repeat xray to come back (already done), saturation 80%

Situation 3: Medical Handover

You are called urgently 07:00am to see an infant with L CDH repair because the neonate has had an acute bradycardia & desaturation following a suction. The nurses are bagging the child & doing chest compressions. You ask for urgent help

Patient details: Tom Drenton
Hospital ID: 390555
DOB: 31/12/2012
Consultant: Rod Hunt

History:

- Antenatally diagnosed L CDH, no other known anomalies
- Birth Weight 3.2kg
- CDH repair day 2 of life (02/01)
- Returned from theatre at 19:00 with saturation of 92%, lactate 4, BP 45/32, HR 165
- Ventilation: HFOV MAP 15, Hz 7, P 28, 40%
- Sedated, Muscle relaxed overnight

Observation Chart:

	05:00 today	06:00 today	NOW
HR	144	130	-
RR	Muscle relaxed	-	-
BP	48/34	42/30	-
Sat	85% in 40%	81% in 60%	66% in 100% Oxygen
Temp	36.2	37.4	37.8
Lactate	4.1	6.8	8.2
paO2	52	49	32

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paCO ₂	47	62	89
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Anastasia (consultant) arrives in 4 minutes because she was already in the building. What do you say?

Situation 4: Nursing Handover

You are in a Special Care Unit and have to hand over in the evening to the night staff. You are concerned about an ex-34 weeker: how will you communicate this to the other nurses or medical staff?

Patient: Rebecca Drysdale
DOB: 28/02/2013

History: Ex- 34+5 weeks, now 8 days old
Spontaneous vaginal delivery, no antenatal problems
Tube feeding with one suck feed/day
Mother febrile

Examination: pale pink, tachycardic
RR 25, Temp 35.2 degrees
Poorly perfused, lethargic

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