

Initial Subjective Data:

Background Information:

Mother has a history of barbiturate use, smoking and injecting OxyContin IV for the past 2 years. Pregnancy was complicated by recurrent UTIs. The mother attempted self-detoxification with methadone obtained illicitly 2 weeks prior to delivery. Maternal drug screening positive for oxycodone, methadone and methadone metabolites and negative for barbiturates or alcohol.

Past History:

Patient is a 39 week gestational female infant – birth weight 2864 grams, born to a 24yo para 1 gravida 1 woman by spontaneous vaginal delivery.

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Presenting History:

At birth the baby was noted to have a shrill cry. Apgar scores were 7 and 10 at 1min and 5min. The baby initially required oxygen therapy for transient respiratory distress. The baby was admitted to the NICU at 2 hours of age. Baby is jittery and irritable on admission

Patient Description and Image

Name

Age Anola Che

Birthdate (2 hours ago)

Gender Female


Weight 2864 gm

Height 22"

Allergies NKDA



Scenario: Anola Che (BD Today)

Supplies	Set-up Notes: What is needed for the patient (simulator/actor) and what is needed for the patient room?
<p>IV Set Up <input type="checkbox"/> Saline Lock <input checked="" type="checkbox"/> IV <input checked="" type="checkbox"/> IV Pump <input type="checkbox"/> Second IV Fluid Type: Infusion Rate: Tubing: </p> <p><input type="checkbox"/> Med Dispense List (Other meds to be set up by instructor) (Only list meds to be accessed through med dispense)</p> <p>Medication List</p> <ol style="list-style-type: none">1. Morphine sulphate every 4 hours orally - 0.05 to 0.1 mg/kg/dose2. Acetaminophen prn3. IV Fluids to replace loss <p>Equipment: <input checked="" type="checkbox"/> Nasal Cannula <input type="checkbox"/> O2 Mask <input type="checkbox"/> Non-Rebreather <input checked="" type="checkbox"/> PPE (goggles, gloves, etc) <input type="checkbox"/> Penlight <input type="checkbox"/> Crash Cart <input type="checkbox"/> EMR <input checked="" type="checkbox"/> Thermometer <input checked="" type="checkbox"/> Glucometer <input type="checkbox"/> NG Tube <input type="checkbox"/> Suction <input type="checkbox"/> Chest Tube <input type="checkbox"/> Other</p> <p>Please Describe Additional Equipment Needs: Oxygen T-piece – infant warmer used in neonatal ICU</p>	<p>Setting: <input type="checkbox"/> ICU <input type="checkbox"/> Emergency <input type="checkbox"/> Medical <input type="checkbox"/> Surgery/OR <input type="checkbox"/> Out-Patient <input checked="" type="checkbox"/> Neonatal ICU</p> <p>Monitor Setup: <input checked="" type="checkbox"/> Primary ECG <input type="checkbox"/> Secondary ECG <input type="checkbox"/> Pulse <input checked="" type="checkbox"/> Respiratory Rate <input checked="" type="checkbox"/> B/P <input checked="" type="checkbox"/> SPO2 <input checked="" type="checkbox"/> Temp <input type="checkbox"/> CO2</p> <p>Other Settings</p> <p>Moulage: -mottled skin -runny diarrhea diaper -cyanosis</p> <p>Patient Actors Requested:</p> <ul style="list-style-type: none">• Age: 20s-30s• Gender: Mother in OB unit-rooming in• Clothing: mother in hospital gown, father in street clothes• Relationship to Patient: Parents <p>Paperwork*</p> <p><input checked="" type="checkbox"/> Physician Orders <input type="checkbox"/> Chart <input checked="" type="checkbox"/> Lab Reports</p> <p>* Attach Reports to the file</p>

Scenario: Anola Che (BD Today)



Scenario Progression: Admission Information - Baby 2 hours old

Initial State: Frame 1		Initial Patient History	
Vital Signs Cardiac Rhythm: sinus tachycardia Rate: 188 Respiratory Rate:68 with retractions Blood Pressure:64/41 SPO2: 74% Temp: 38°C General Conditions to be in place for Scenario: Newborn in NICU		Body System Assessment	Patient Finding
		• Neurological/Sensory	Exaggerated startle response
		• Cardiac	tachycardia
		• Pulmonary	tachypnea
		• Musculoskeletal	hypertonia
		• Gastrointestinal	Increased rooting/ Emesis and watery diarrhea
		• Genitourinary	Feeding not tolerated
		• Skin/Wound	mottled
		• Vocal	High pitched cry
Correct Action: Supplemental Oxygen consider oral morphine or methadone. Encourage breast feeding and non-pharmacologic treatment.	Move to Frame: 2	• Initial Lab/Diagnostics	Initial urine and meconium drug screens are negative Glucose: 48 Modified Finnegan score is 14
No Action: inappropriate maternal history or fails to recognize NAS	Move to Frame: 5		

Facilitator Notes: With 3 consecutive Finnegan scores > than 8 or 2 scores > than 12--consider use of morphine or methadone to treat withdrawal symptoms. Non pharmacologic treatment is encouraged: breast feeding, swaddling, low stimulation, cuddling etc.

Frequent feeding and formula supplementation to avoid hunger.

Scenario: Anola Che (BD Today)

Frame 2-Baby 6 hours old		Change in Patient Condition	
Vital Signs Cardiac Rhythm:160 Pulse:160 Respiratory Rate:56 Blood Pressure:68/48 SPO2: 96 on supplemental oxygen Temp: 37°C Patient status: Baby improves with non-pharmacologic treatment and is successful breast feeding.		Body System Assessment	Patient Finding
		• Neurological/Sensory	jittery
		• Cardiac	
		• Pulmonary	
		• Musculoskeletal	Continued hypertonia
		• Gastrointestinal	No emesis, watery stools
		• Genitourinary	
		• Skin/Wound	Skin turgor wnl-cap refill wnl
		• Vocal Complaint	High pitched cry
Correct Action: Continuous monitoring and use of non-pharmacologic treatment until pattern of Finnegan scores are established.	Move to Frame: 3	• New Lab Reports	Repeat urine shows positive for oxymorphone but negative for methadone. Modified Finnegan score is 9
No Action –delay in treatment	Move to Frame: 5		

Facilitator Notes:

Baby improves and is able to tolerate breast feeding after admission and starting non-pharmacologic treatment. Consider use of morphine sulphate for opioid withdrawal. Baby remains on supplemental oxygen, swaddled tightly and low lights and stimuli.

Scenario: Anola Che (BD Today)

Frame 3 9 hours after delivery		Change in Patient Condition	
Vital Signs Cardiac Rhythm: Sinus Pulse:166 Respiratory Rate: 58 Blood Pressure:68/48 SPO2: 98 on supplemental oxygen Temp: 37°C General Conditions to be in place for Scenario: Infant continues to show signs of opioid withdrawal		Body System Assessment	Patient Finding
		• Neurological/Sensory	Continues jittery
		• Cardiac	
		• Pulmonary	
		• Musculoskeletal	
		• Gastrointestinal	Watery diarrhea
		• Genitourinary	
		• Skin/Wound	
		• Vocal Complaint	Irritable, inconsolable cry
Correct Action: Consider oral morphine or methadone to treat withdrawal symptoms.	Move to Frame: 4	• Initial Lab/Diagnostics	Modified Finnegan score: 8
No Action	Move to Frame: 5		

Facilitator Notes: With the start of pharmacologic treatment infant begins to improve

Scenario: Anola Che (BD Today)

Frame 4		Change in Patient Condition	
Vital Signs Cardiac Rhythm: Sinus Pulse:168 Respiratory Rate:48 Blood Pressure:68/46 SPO2: 98 Temp: 37		Body System Assessment	Patient Finding
		• Neurological/Sensory	Baby resting-no jittery movements
		• Cardiac	
		• Pulmonary	
		• Musculoskeletal	
		• Gastrointestinal	WNL
		• Genitourinary	
		• Skin/Wound	
		• Vocal Complaint	Baby content
Correct Action: continue Morphine treatment to maintain low Finnegan scores and titrate down over hospital stay	Move to Frame: END	• New Lab Reports	Modified Finnegan score 3

Facilitator Notes:

Baby requires treatment for opioid withdrawal. Students should maintain opioid treatment titrated to modified Finnegan score

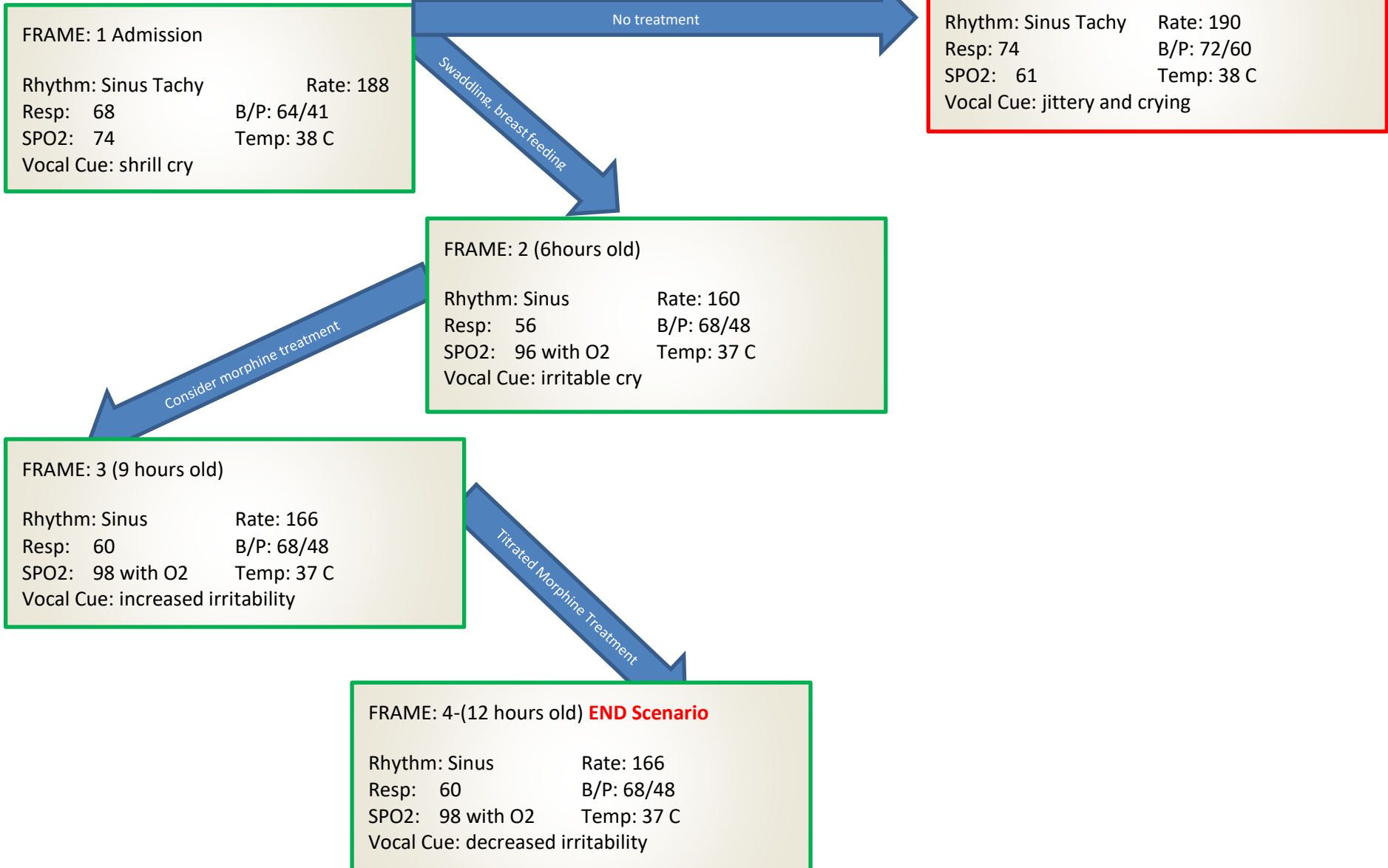
Scenario: Anola Che (BD Today)

Frame 5- Baby 12 hours old		Change in Patient Condition	
Vital Signs Cardiac Rhythm: Sinus Tachycardia Pulse:190 Respiratory Rate:74 Blood Pressure:72/60 SPO2: 61% Temp: 38 Condition worsens--Baby continuous crying-respiratory depression with tiring		Body System Assessment	Patient Finding
		• Neurological/Sensory	Extremely jittery-inconsolable
		• Cardiac	tachycardia
		• Pulmonary	tachypnea
		• Musculoskeletal	hypertonic
		• Gastrointestinal	Severe diarrhea
		• Genitourinary	
		• Skin/Wound	dehydration
		• Vocal Complaint	Continuous crying
Correct Action	Move to Frame: END	• New Lab Reports	
Wrong Action	Move to Frame:		
No Action	Move to Frame:		

Facilitator Notes: End Scenario and review treatment for Neonatal Abstinence Syndrome

Scenario: Anola Che (BD Today)

Scenario Progression Algorithm:





PATIENT ACTOR INFORMATION

Patient Actors Roles:

Mother
Father

Suggested Dialogue for each Actor

Mother shows concern for baby but struggling with her own withdrawal—wants to be referred to treatment

State she feels bad about how her mistakes are hurting the baby

Father supportive of both mom and baby-history of heroin use but now sober

Key Points to emphasize:

Desire to breast feed

Inability to care for child without help—“I don’t know what to do”

Contact social worker to establish treatment after mom and babies discharge

Suggested Character Development:

Mother unsure with each evolving situation

“I don’t know what to do because she won’t stop crying

“I hurt too”

Father can provide support and suggests maybe his mother can help care for the child.



Debriefing Points:

Instructors should developed a structured debriefing and develop questions related to:

Objectives:

1. What were the symptoms that lead you to the NAS diagnosis?
 2. What are the first steps that were taken to address the infants problems? What was your management plan?
 3. Were you able to apply the modified Finnegan scale to this situation?
 4. What were some of the non-pharmacologic tools you used to sooth the baby and help with symptoms?
 5. What were the indications pharmacologic support would be needed?
 6. What is the typical observation time for infants presenting with NAS
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1. Teamwork
 - a. What members of the healthcare team are important to include in management of NAS
 - b. Did you understand the nursing role
 - c. Were treatment plans agreeable to all members of the team
 - d. Was communication with the team and family adequate?
 2. Patient Safety-what precautions need to be taken to assure patient safety
 3. Patient Teaching-what teaching opportunities are present with NAS in the care of the mother and baby
 4. Were medication calculations difficult or are there visual aids to help with fluid/med management

Tips for Debriefing

1. Learner focused
2. Allow enough time for learning (2-3 times the scenario length)
3. Focus on the process not the individual
4. Keep the debriefing positive