**Scenarios For CAPE 1/12:  
  
Physical Environment Simulations: Regarding Patient Safety Jan. 12**

**1. CS, delayed cord clamping, preemie, resuscitation with CPAP**Set up: OR bed with anesthesia machine, OR lights, OR tables and equipment, neonatal resuscitation equipment including warmer and oxygen supply  
Woman is on the OR bed draped, room is set up for cesarean birth.  Or team consists of lead surgeon, first assist, and scrub tech.  Neonatal team consists of physician and nurse.    
Premature infant is delivered by cesarean, placed on surface on top of maternal upper legs.  Neonatal team is gowned and gloved.  Assessing infant, determine infant needs assistance breathing and initiates CPAP.  
  
Problems:

• Need to maintain sterile environment for maternal safety

• Need access to resuscitate infant, efforts to delay cord clamping due to

benefits for premature infant  
AORN standards: <http://www.aornstandards.org.laneproxy.stanford.edu/content/1/SEC5.body>  
  
**2. Vaginal birth, first hour after birth one nurse is caring for infant and mother, infant quits breathing but the nurse does not notice it until the mother notices. Nurse is trying to assess mother and infant every 15 minutes, initiate breast-feeding and help mother to bathroom.**Many tasks are required of one nurse recovering both mother and infant in the first hour following birth.

Problem:

•Numerous assessments (every 15 minutes) are required during the immediate postpartum period of both mother and infant along with addressing pain, providing nourishment, supporting breastfeeding, assisting the woman with voiding and cleansing the perineum, administration of neonatal medications, diapering and swaddling the infant.  Safety becomes a concern when a time limit is given to the nurse providing care.  In some units the recovery period is only allowed for one hour, which also includes documentation of the birth and recovery.  
  
**3. Vaginal birth, placental abruption, infant requires resuscitation including blood transfusion.**Vaginal birth followed immediately by delivery of the placenta, a sign of placental abruption.  Infant is pale and limp requiring resuscitation. Mother usually requires some extra attention in these circumstances too.  Mother bleeds slightly but controlled with meds, infant requires transfusion.

Problems:

• Staff needs to be mobilized to care for both mother and infant requiring extra care and resuscitation.

• The need to get blood to labor unit quickly to administer to infant.