

abdominal pain. She states that on Sunday she lifted a laundry basket and felt a “pop.” Pain is constant, rated 6/10 at rest and 8/10 with coughing. She reports that activity makes the pain worse and that Percocet every six hours provides partial relief. During assessment, the client hesitantly reports pain when taking a deep breath and pain in the left ribs.

Social History: Lives with partner and newborn

Recently discharged after cesarean birth

Partner is involved and concerned

Primary Medical Diagnosis: Suspected pulmonary embolism in postpartum client

Surgeries/Procedures & Dates: Cesarean birth on Thursday prior to clinic visit

Psychomotor Skills Required of Participants Prior to Simulation

(list skills)

- Hand hygiene and standard precautions
- Introduce self and verify client identity using two identifiers
- Focused postpartum assessment
- Focused respiratory assessment
- Pain assessment using PQRST or OLDCARTS
- Vital signs measurement and interpretation
- Pulse oximetry assessment
- Oxygen administration by nasal cannula
- Therapeutic communication with client and support person
- SBAR / ISBARR communication with provider or charge nurse
- Preparation for urgent transfer, direct admission, or diagnostic testing
- Documentation of assessment findings, provider notification, and interventions

Cognitive Activities Required of Participants Prior to Simulation

(textbooks, lecture notes, articles, websites, etc.)

students should review:

- Normal postpartum recovery after cesarean birth
- Warning signs after cesarean birth
- Risk factors for postpartum venous thromboembolism
- Signs and symptoms of pulmonary embolism
- Postpartum assessment priorities
- Respiratory assessment and oxygenation
- Pain assessment and differentiation of expected versus abnormal findings
- Therapeutic communication with postpartum clients and support persons
- Provider notification using SBAR / ISBARR
- Advocacy when client symptoms are minimized
- Maternal morbidity, bias recognition, and structural inequities in postpartum care

Simulation Learning Objectives

General Objectives (Note: The objectives listed below are general in nature and once learners have been exposed to the content, they are expected to maintain competency in these areas. Not every simulation will include all the objectives listed.)

1. Practice standard precautions.
2. Employ strategies to reduce risk of harm to the patient.
3. Conduct assessments appropriate for care of patient in an organized and systematic manner.
4. Perform priority nursing actions based on assessment and clinical data.
5. Reassess/monitor patient status following nursing interventions.

6. Communicate with patient and family in a manner that illustrates caring, reflects cultural awareness, and addresses psychosocial needs.
7. Communicate appropriately with other health care team members in a timely, organized, patient-specific manner.
8. Make clinical judgments and decisions that are evidence-based.
9. Practice within nursing scope of practice.
10. Demonstrate knowledge of legal and ethical obligations.

Simulation Scenario Objectives (limit to 3 or 4)

By the end of the simulation, the learner will be able to:

1. Complete a focused postpartum and respiratory assessment for a client with worsening pain and dyspnea.
2. Identify abnormal findings including pleuritic pain, tachycardia, tachypnea, hypoxia, and history of DVT.
3. Differentiate expected post-cesarean discomfort from signs requiring urgent escalation.
4. Use SBAR / ISBARR to communicate concern for suspected pulmonary embolism and advocate for urgent evaluation.

Faculty Reference

(references, evidence-based practice guidelines, protocols, or algorithms used for this scenario, etc.)

The Healthcare Simulation Standards of Best Practice™

<https://www.inacsl.org/healthcare-simulation-standards>

Setting/Environment

<input type="checkbox"/> Emergency Department	<input type="checkbox"/> ICU
<input type="checkbox"/> Medical-Surgical Unit	<input type="checkbox"/> OR / PACU
<input type="checkbox"/> Pediatric Unit	<input type="checkbox"/> Rehabilitation Unit
X <input checked="" type="checkbox"/> Maternity Unit	<input type="checkbox"/> Home
<input type="checkbox"/> Behavioral Health Unit	X Outpatient Clinic
	<input type="checkbox"/> Other:

Equipment/Supplies (choose all that apply to this simulation)

Simulated Patient/Manikin(s) Needed:

- Simulated patient or high-fidelity manikin portraying postpartum client

Recommended Mode for Simulator: Manual mode
(e.g. manual, programmed, etc.)

Other Props & Moulage:

<p>Equipment Attached to Manikin/Simulated Patient:</p> <p>X <input type="checkbox"/> ID band</p> <p><input type="checkbox"/> IV tubing with primary line fluids running at __ mL/hr</p> <p><input type="checkbox"/> Secondary IV line running at __ mL/hr</p> <p><input type="checkbox"/> IVPB with __ running at mL/hr</p> <p><input type="checkbox"/> IV pump</p> <p><input type="checkbox"/> PCA pump</p> <p><input type="checkbox"/> Foley catheter with __mL output</p> <p>X <input type="checkbox"/> O2</p> <p>X <input type="checkbox"/> Monitor attached</p> <p><input type="checkbox"/> Other:</p> <p>Other Essential Equipment:</p> <p>Medications and Fluids:</p> <p><input type="checkbox"/> Oral Meds:</p> <p><input type="checkbox"/> IV Fluids:</p> <p><input type="checkbox"/> IVPB:</p> <p><input type="checkbox"/> IV Push:</p> <p><input type="checkbox"/> IM or SC:</p>	<p>Equipment Available in Room:</p> <p><input type="checkbox"/> Bedpan/urinal</p> <p><input type="checkbox"/> O2 delivery device (type)</p> <p><input type="checkbox"/> Foley kit</p> <p><input type="checkbox"/> Straight catheter kit</p> <p><input type="checkbox"/> Incentive spirometer</p> <p><input type="checkbox"/> Fluids</p> <p><input type="checkbox"/> IV start kit</p> <p><input type="checkbox"/> IV tubing</p> <p><input type="checkbox"/> IVPB tubing</p> <p><input type="checkbox"/> IV pump</p> <p><input type="checkbox"/> Feeding pump</p> <p><input type="checkbox"/> Crash cart with airway devices and emergency medications</p> <p><input type="checkbox"/> Defibrillator/pacer</p> <p><input type="checkbox"/> Suction</p> <p><input type="checkbox"/> Other:</p>
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Roles

<p>X <input type="checkbox"/> Nurse 1- primary nurse</p> <p>X <input type="checkbox"/> Nurse 2- secondary nurse</p> <p><input type="checkbox"/> Nurse 3-charge nurse</p> <p>X <input type="checkbox"/> Provider (physician/advanced practice nurse)</p> <p><input type="checkbox"/> Other healthcare professionals: (pharmacist, respiratory therapist, etc.)</p>	<p><input type="checkbox"/> Observer(s)</p> <p><input type="checkbox"/> Recorder(s)</p> <p>X <input type="checkbox"/> Family member #1</p> <p><input type="checkbox"/> Family member #2</p> <p><input type="checkbox"/> Clergy</p> <p><input type="checkbox"/> Unlicensed assistive personnel</p> <p><input type="checkbox"/> Other:</p>
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Guidelines/Information Related to Roles

Learners in role of nurse should determine which assessments and interventions each will be responsible for, or facilitator can assign nurse 1 and nurse 2 roles with related responsibilities.

Information on behaviors, emotional tone, and what cues are permitted should be clearly communicated for each role. A script may be created from Scenario Progression Outline.

Pre-briefing/Briefing

Prior to report, participants will need pre-briefing/briefing. During this time, faculty/facilitators should establish a safe container for learning, discuss the fiction contract and confidentiality, and orient participants to the environment, roles, time allotment, and objectives.

For a comprehensive checklist and information on its development, go to <http://www.nln.org/sirc/sirc-resources/sirc-tools-and-tips#simtemplate>.

Report Students Will Receive Before Simulation

(Use SBAR format.)

Time: 0900

Person Providing Report: Postpartum clinic nurse / faculty facilitator

Situation:

Maya Johnson is a 30-year-old G1P1 client, status post cesarean birth on Thursday. She was discharged two days ago and is here today for increasing abdominal pain.

Background:

Her incision closure was documented as clean at discharge with no complications noted. She has been taking Percocet every six hours around the clock and has called the on-call pager several times over the weekend. Her partner is with her and is very involved. She reports that she wants her incision checked. She may have been doing too much too soon, but she needs a complete assessment. She has a history of a blood clot behind her knee last year and completed six months of apixaban. Anticoagulation was stopped before pregnancy.

Assessment:

No new labs are available at the start of the scenario. Client reports worsening abdominal pain. Further assessment is needed for postpartum, respiratory, pain, and thromboembolic symptoms.

Recommendation:

Complete outpatient postpartum assessment and notify provider for abnormal findings.

Scenario Progression Outline

Patient Name:

Date of Birth:

Timing (approx.)	Manikin/SP Actions	Expected Interventions	May Use the Following Cues
0-5 min	Client seated on exam table. Partner beside her. Client appears uncomfortable. Partner answers first: “Her abdominal pain has gotten worse. She hasn’t been herself.” Initial VS: T 99.0°F, BP 112/70, P 104, RR 20, SpO ₂ 95% RA, pain 6/10.	Learners should begin by: Wash hands. Introduce self. Identify client. Acknowledge partner. Establish rapport. Ask client directly about symptoms. Begin focused pain and postpartum assessment.	Role member providing cue: Cue:
5-10 min	Client reports: “It’s low in my abdomen. Sunday I picked up a laundry basket and felt a pop. It’s constant—about a six. Eight when I cough. Worse with activity.” Reports Percocet every six hours.	Learners are expected to: Assess pain location, onset, duration, aggravating factors, severity, medication use. Ask about respiratory symptoms.	Role member providing cue: Cue: partner keeps interrupting
10-15 min	Client hesitates, then says: “It hurts when I take a deep breath. And in my left ribs.” Partner says: “She had a blood clot behind her knee last year. She was on apixaban for six months.” Client appears pale and slightly breathless.	Learners are expected to: Recognize red flags. Assess respiratory status. Obtain complete vital signs and pulse oximetry. Ask about anticoagulation history. Identify concern for PE.	Role member providing cue: Cue: Partner says: “She had a blood clot behind her knee last year. She was on apixaban for six months.”
15-20 min	Repeat VS: T 99.1°F, BP 102/64, P 122, RR 24, SpO ₂ 91% RA. Client reports pain with deep inspiration.	Learners are expected to: Apply oxygen by nasal cannula per protocol or obtain order. Notify provider using SBAR / ISBARR. State concern for suspected PE. Avoid dismissing symptoms as anxiety or pain medication use.	Role member providing cue: Cue: Partner- is everything ok with my wife

Debriefing/Guided Reflection

Note to Faculty

We recognize that faculty will implement the materials we have provided in many ways and venues. Some may use them exactly as written and others will adapt and modify extensively. Some may choose to implement materials and initiate relevant discussions around this content in the classroom or clinical setting in addition to providing a simulation experience. We have designed this scenario to provide an enriching experiential learning encounter that will allow learners to accomplish the [listed objectives](#) and spark rich discussion during debriefing. There are a few main themes that we hope learners will bring up during debriefing, but if they do not, we encourage you to introduce them.

Themes for this scenario:

- Recognition of postpartum warning signs and suspected pulmonary embolism
- Therapeutic communication and centering the client's voice
- Escalation of care when symptoms are minimized
- Bias recognition, power dynamics, and structural inequities in postpartum care

We do not expect you to introduce all of the questions listed below. The questions are presented only to suggest topics that may inspire the learning conversation. Learner actions and responses observed by the debriefer should be specifically addressed using a theory-based debriefing methodology (e.g., Debriefing with Good Judgment, Debriefing for Meaningful Learning, PEARLS). The debriefing questions for consideration are organized into the phases of debriefing, as recommended by the Healthcare Simulation Standard of Best Practice™ The Debriefing Process. The following phases are included below: Reactions/Defuse, Analysis/Discovery and Summary/Application. Remember to also identify important concepts or curricular threads that are specific to your program.

Debriefing Phase	Debriefing Questions for Consideration
Reactions/ Defuse	How did you feel throughout the simulation experience?
	Give a brief summary of this patient and what happened in the simulation.
	What were the main problems that you identified?
Analysis/ Discovery	Discuss the knowledge guiding your thinking surrounding these main problems.
	What were the key assessment and interventions for this patient?
	Discuss how you identified these key assessments and interventions.
	Discuss the information resources you used to assess this patient. How did this guide your care planning?
	Discuss the clinical manifestations evidenced during your assessment. How would you explain these manifestations?
	Explain the nursing management considerations for this patient. Discuss the knowledge guiding your thinking.
	What information and information management tools did you use to monitor this patient's outcomes? Explain your thinking.
	How did you communicate with the patient?

	What specific issues would you want to take into consideration to provide for this patient's unique care needs?
	Discuss the safety issues you considered when implementing care for this patient.
	What measures did you implement to ensure safe patient care?
	What other members of the care team should you consider important to achieving good care outcomes?
	How would you assess the quality of care provided?
	What could you do improve the quality of care for this patient?
Summary/ Application	If you were able to do this again, how would you handle the situation differently?
	What did you learn from this experience?
	How will you apply what you learned today to your clinical practice?
	Is there anything else you would like to discuss?

Guided Debriefing Tool

The NLN created a Guided Debriefing Tool to provide structure from which facilitator observations can make objective notes of learner behaviors in simulation in direct relationship to the [learning outcomes](#). [Download the NLN Guided Debriefing Tool](#).

Complexity – Simple to Complex

To Decrease Complexity:

- Provide more direct report that includes history of DVT
- Provide abnormal vital signs earlier in the scenario
- Have charge nurse present in the room to support prioritization
- Have provider respond positively to first SBAR call
- Provide a PE warning-sign checklist during prebrief
- Remove the provider minimization cue
- Use only one setting: outpatient clinic

To Increase Complexity:

- Add mild incision drainage to distract from respiratory symptoms
- Have the client initially deny shortness of breath unless asked specifically
- Have partner continue interrupting, requiring therapeutic redirection
- Require learner to request privacy for sensitive assessment questions
- Have provider continue to minimize symptoms after first call, requiring chain-of-command escalation
- Add differential diagnoses such as wound complication, atelectasis, anxiety, medication adverse effect, or musculoskeletal strain
- Require transfer handoff to receiving nurse using SBAR / ISBARR
- Add orders requiring prioritization: labs, CT chest PE protocol, oxygen titration, transport coordination, and documentation
- Add equity-focused observer role to track language, assumptions, and whether the client's voice is centered