Pt. Initials: ___CW_& Baby W____ Date: Student Name: _____Lindsey Lambert_____ Unit: __OB SIM___ Date: _AUG 31st__

IM6 (OB-Simulation) Critical Thinking Worksheet

<table>
<tr>
<td>1. Disease Process & Brief Pathophysiology
Maternal
Gestational Diabetes- condition in which the glucose level is elevated, and other diabetic symptoms appear in a woman who has not previously been diagnosed.
Fetal/Neonate
Become hypoglycemic because there is no sugar source, but they are still producing insulin</td>
<td>2. Factors for Development of the Disease/Acute Illness
Maternal
Metabolic changes occur in normal pregnancy, overweight/obese, advanced maternal age, non-white women, family hx
Fetal/Neonate
Fetus born to GDM mother</td>
<td>3. Signs and Symptoms
Maternal
Frequent thirst and urination, blurred vision, weakness, increased hunger
Fetal/Neonate
Hypoglycemia, poor feeding, respiratory distress, jaundice, polycythemia</td>
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<tr>
<td>4. Diagnostic Tests pertinent for confirming diagnosis
Maternal
1st prenatal visit- assess for risk factors
24-28wk- oral glucose tolerance test
Fetal/Neonate
Blood glucose checks hourly X4 then q4 during first 48 hr.</td>
<td>5. Lab Values that may be affected-
Maternal
Blood sugar, HDL cholesterol, HbA1C,
Fetal/Neonate
Blood sugar, surfactant levels (not a lab value but they can be inhibited), total serum calcium, hematocrit level</td>
<td>6. Current Treatment
Maternal
Lifestyle changes- 30kcal/kg a day or 25kg/day for overweight, exercise, watch carb intake, possible insulin therapy
Fetal/Neonate
Monitor blood glucose levels, give quick source of glucose, check for hypocalcemia, give supplemental o2, check for birth injury, D10W</td>
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<td>7. Focused Nursing Diagnosis:
Maternal
Risk for maternal injury
Fetal/Neonate
Risk for fetal injury</td>
<td rowspan="2">11. Nursing Interventions related to the Nursing Diagnosis in #7:
Maternal
- Monitor for signs of edema: due to vascular changes, diabetic client is prone is excess fluid retention.
- Determine fundal height- hydramnios
- Monitor for hyperglycemia- insulin demand increases
- Assess for vaginal bleeding and abdomen tenderness- at risk for abruptio placenta</td>
<td rowspan="2">12. Patient Teaching:
Maternal
-HCP may decide that a cesarean birth is safest for patient and baby. Must talk this over with mom and prepare her for options if vaginal delivery is not obtainable due to infant being LGA.
-After delivery, blood glucose levels should return back to normal. Will be tested at first postpartum visit.
Fetal/Neonate
-Notify mom that baby will be fed more often and may be given glucose through IV until levels become stabilized. Heel sticks will be done per policy and if baby has difficulty breathing, they will place baby on a nasal cannula for extra oxygen. Jaundice is treated by light therapy.</td>
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<td>8. Related to (r/t):
Maternal
Altered immune response, anemia, changes in diabetic control and insulin requirements during labor
Fetal/Neonate
Elevated maternal blood glucose levels, macrosomia.</td>
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</table>

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9. As evidenced by (aeb): **Maternal** Dx of gestational dm **Fetal/Neonate** Ultrasound, fetal presentation/position		**13. Discharge Planning/Community Resources:** **Maternal** Postpartum visit- test glucose American diabetes association Covenant diabetes support group/center for outpatient diabetes education **Fetal/Neonate** Baby should be regulating own blood sugars before discharge, but an endocrinologist outpatient appointment might be scheduled if baby is unable to do so on their own.
10. Desired patient outcome: **Maternal** Patient will remain normotensive and normoglycemic throughout labor process. **Fetal/Neonate** Fetus will be delivered without fractures or nerve damage due to being large in size.	**Fetal/Neonate** - Monitor signs of edema, htn, and proteinuria: these negatively affect placental perfusion - Monitor for turtle sign: puts infant at risk for shoulder dystocia - Maintain thermal environment - Provide early feeding, IV of D10W if not	