IM6 OB Simulation Patient Preparation Worksheet

RECOGNIZE & ANALYZE CLUES
This section is to be completed prior to Sim Day 1:

Student Name: Chelsie Callesen,

Patient initials: S.R.   Admit Date: _____

Diagnosis: G 1 P 0 AB 0 L 0 M 0

EDD: 12 / 8 / 2023   Gest. Age: 36 weeks

Blood Type/Rh: O Positive   Rubella Status: Immune   GBS status: Negative

Obstetrical reason for admission: Scheduled primary C-section

Complication with this or previous pregnancies: Breech Presentation

Chronic health conditions: family hx of diabetes, hypertension, & heart disease

Allergies: NKDA

Priority Body System(s) to Assess: cardiac, respiratory, reproductive

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical/obstetrical problem?
State the pathophysiology of this problem in your *own* words.

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
Premature rupture of membranes	The sac (amniotic membrane) surrounding the baby breaks before 37 wks. Once the sac breaks, you have an ↑ risk for infection.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Breech Presentation	Breech presentation is typically divided into complete (hips & knee flexed), frank (hips flexed, knees extended), & incomplete (one or both hip extended)

Problem Recognition

✱ can attempt turning the baby in the uterus

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely Maternal	Most Likely Fetal	Worst Possible Maternal	Worst Possible Fetal
Identify the most likely and worst possible complications.	Risk for infection	Prematurity, congenital anomalies, or placenta previa	Hemorrhaging, Blood clots	umbilical cord Prolapse
What interventions can prevent them from developing?	maintaining aseptic technique while caring for mom	may give corticosteroids to help develop fetus' lungs	Administer oxytocin, monitor vital signs	monitor closely / vag exams
What clinical data/assessments are needed to identify complications early?	monitor WBC	ultrasound, Alpha feto protein test	CBC count, count saturated pads	Vag exam
What nursing interventions will the nurse implement if the anticipated complication develops?	Antibiotics, fluids / Dr. orders	monitor baby, provide resuscitation measures if necessary	call Dr., fluids, oxytocin, monitor B/P	Hold cord in place until successful delivery.

✱ A breech baby can potentially flip itself

This Section will be completed at Simulation Lab when you receive your patient's chart prior to the scenario. Do not complete before your scenario.

			Current Priority Focused Nursing Assessment				
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Normal	Normal	Normal	Normal	Normal	Normal	T-100.2°F HR- 92 RR - 18 B/P - 134/78 O2 - 97%	Sacrum- straight

			Focused OB Assessment			
Time	Contractions	Emotional/Psyche	Fetal Assessment	Labor Stage/phase	Pain/Plan	Vaginal exam
ADULT	Freq. 3-4 min Dur. 60-70 sec. Str.		FHR 120 Var. moderate variability Accel. present Decel. — TX.	Active Labor/ 1st Stage	Pt plans on having an epidural	Dil. 3 cm Eff. 90% Sta. -1 Prest.
	Freq. Dur. Str.		FHR Var. Accel. Decel. TX.			Dil. Eff. Sta. Prest.
	Freq. Dur. Str.		FHR Var. Accel. Decel. TX.			Dil. Eff. Sta. Prest.
	Freq. Dur. Str.		FHR Var. Accel. Decel. TX.			Dil. Eff. Sta. Prest.

EVALUATION of OUTCOMES – *to be completed AFTER scenario.*

1. Which findings have you collected that are most important and need to be noticed as clinically significant?

Most Important Maternal Assessment Findings	Clinical Significance

Most Important Fetal Assessment Findings	Clinical Significance

Safe delivery for mom & baby

STARTING POINT & PLAN OF ACTION - Nursing Management of Care

1. After interpreting clinical data collected, identify the nursing priority goal for your shift and three priority interventions specific for your patient. For each intervention write the rationale and expected outcome.

Nursing Priority	Pain management	
Goal/Outcome	As much comfort as possible for mom	
Priority Intervention(s)	**Rationale**	**Expected Outcome**
1. Assess level of stress and anxiety	1. Defines mom's readiness. If she's anxious pain may be worse.	1. Alleviate any anxiety & help mom relax
2. Discuss & develop post-op pain management plan	2. ↑ the likelihood of successful pain management	2. There should be no gray area when it comes to pain management
3. Perform pain assessment when pt complains of pain.	3. Allows for RN to better stay on top of the pain	3. No room for question on if there's pain/discomfort

EDUCATION PRIORITIES/DISCHARGE PLANNING

1. Identify three priority educational topics that should be included in a teaching plan to prevent complications and prepare this patient for discharge.

Teaching About Illness Care	Rationale	How are you going to teach?
1. After D/C, notify provider if you develop a fever or if pain worsens, etc	1. This could indicate infection	1. Explain what to watch for
2. Increase activity as tolerated	2. The more you move around, the best your chances are of ↑ infection & blood clots	2. Educate on exercise and when to ↑, and how.
3. Educate on post-op incision care	3. Proper incision care can prevent future infection	3. Educate on how to properly clean— demonstrate for pt.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC (4.8-10.8)	15.5 (H)	Potential response to infection
Hct (37-47)	35.4 (L)	Risk for anemia
Metabolic Panel Labs		
Are there any Labs result that are concerning to the Nurse?		
↑ WBC — Risk for infection		