IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: Eva Leal

Patient initials: A S   Admit Date: _____

Diagnosis: G | P | AB | L | M

EDD: 12 / 21 / XX   Gest. Age: 28 weeks

Blood Type/Rh: A+   Rubella Status: immune   GBS status: unknown

Obstetrical reason for admission: Pt reports headache, nausea, abd pain

Complication with this or previous pregnancies: _____

Chronic health conditions: _____

Allergies: NKDA

Priority Body System(s) to Assess: fundus, Blood pressure, C-section ☒

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
fundus boggy hypertension	pre-eclampsia, post hemmorage
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
preterm labor	low birth weight, lungs not fully developed

Problem Recognition
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.	post hemmorage	lungs are developed	death	death
What interventions can prevent them from developing?	massage the fundus	steroid or mag Neuro	hysterectomy	can be on mach all his lire/ blindness ↑O2. ROP
What clinical data/assessments are needed to identify complications early?	BP/ checking fundus lochia	Res, pulse		
What nursing interventions will the nurse implement if the anticipated complication develops?	call the provider pus oxytosin to help contract	giving mag		

Surgery or Invasive Procedures

Describe the procedure in your *own* words. *IF this applies to your patient.*

Procedure	C section

cut/opening where the stomach folds, vertically, then cutting through muscle and tissue!

Surgery / Procedures Problem Recognition

To prevent a complication based on the procedure, 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.	it will hurt / time to heal	won't have that push on lungs	death	death
What interventions can prevent them from developing?	assessments monitoring	making sure it cold so baby can gasp	infection	infection. / Breaming
What clinical data/assessments are needed to identify complications early?	BP, temp vitals,	FHR,	WBC ↑ RBC H&H ↓	WBC ↑
What nursing interventions will the nurse implement if the anticipated complication develops?	Call the Dr, hang UR	Call the dr.		long NICU stay

rapid team
NICU

Pharmacology

Any new drugs ordered during scenario must be added to the sheet before student leaves the simulation center for the day.

Medications	Pharm. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/nursing responsibilities
Magnesium sulfate		To help w/ Neuro		
Oxytocin		to help contract	dysrhythmias BP, water intox uterine rupture	to get FHR q 30 min. / lung sounds one its own. Check for vitals on Mom
Morphine		to help w/ pain	↓ Resp ↓ BP	Check moms VS
Methylergon- ovine		to help contract	N/V cramping headache, severe hypertension dysrhythmias	monitor VS, pain, headache chestpain. SOB, uterine contraction vaginal bleeding. ★ cant use hypertension
Carboprost		to help contract	headache, vomiting SOB, uterin tone	★ cant use asthma ★ monitor VS lung sounds vaginal bleeding
Misoprostol		to ripen up the cervix, contract	headache nausea, vomiting	VS, vaginal bleeding uterine tone

induction meds,
given by Oxytoxin (post partum) hemmorage)

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	Post hemmorage	
Goal/Outcome	We dont want it to happen	
Priority Intervention(s)	Rationale	Expected Outcome
1. Massage the fundus	1. to help clot.	1. hard fundus
2. Monitor BP, VS.	2. make sure we dont see decline	2. be able to intervine w/ meds quickly
3. give IR & mag	3. to contract the uterine cervix	3. prevent hemmorage

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. Temp	1. infection, surgery site ↑ bacteria to enter.	1. washing hands when taking care of site, s/s infection
2. headache, increase dizziness, pain	2. Post preeclampsia	2. notice clots, increase pain in head call dr.
3. SOB, DVt	3. pulmonary edema, DVt	3. TCDB, ambulate IS, heavy chest call DR.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	13.5 (H)	Signs of infection / inflammatory respons
RBC	4.0 (L)	surgery
Platelets	100 (L)	loss of blood / post hemmorage
Metabolic Panel Labs		
Alt	42	preeclampsia
AST	39	pre eclampsia
Are there any Labs result that are concerning to the Nurse?		
RBC, HCT, Hgb, Platelets ↓ anemic possibly		