

IM6 OB Simulation Patient Preparation Worksheet

RECOGNIZE & ANALYZE CLUES

This section is to be completed prior to Sim Day 1:

Student Name: Eddie Hernandez

Patient initials: AJ Admit Date: today

Diagnosis: G 2 P1 AB0 L1 M0

EDD: 3/27/XX Gest. Age: 39

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

Obstetrical reason for admission: SROM, early labor

Complication with this or previous pregnancies: _____

Chronic health conditions: history of asthma

Allergies: Penicillin

Priority Body System(s) to Assess: Vaginal exam, respiratory

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
GBS positive	Group B streptococcus is a gram-positive bacteria that colonizes the GI and Gu tract
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
GBS infection occurs on 1 to 2 percent of babies born to mother that are GBS positive if not treated prophylactically	Early onset newborn GBS disease occurs within 1st week, often within 48 hours of birth. Sepsis, pneumonia, and meningitis are primary infections.

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.	Often asymptomatic; UTI's, intrauterine infections, and metritis	Sepsis, pneumonia, and meningitis are primary infections.	Chorioamnionitis, maternal mastitis and breast abscess	Respiratory distress, apnea, and signs of sepsis. Febrile morbidity.
What interventions can prevent them from developing?	Testing for GBS at 35 to 37 weeks; Tx with antibiotic to be given at time of Dx	Prophylactic antibiotic (Penicillin G, Clindamycin, or Cephazolin) admin at least 4 hours before birth		
What clinical data/assessments are needed to identify complications early?	Testing for GBS at 35 to 37 weeks; Test culture to verify susceptibility. Tx with antibiotic to be given at time of Dx	Prophylactic antibiotic (Penicillin G, Clindamycin, or Cephazolin) admin at least 4 hours before birth		
What nursing interventions will the nurse implement if	Monitor for S/S of anaphylaxis and treat at	Monitor for S/S of early onset GBS infection and		

the anticipated complication develops?	first signs	treat at first signs		
--	-------------	----------------------	--	--

Surgery or Invasive Procedures

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

Procedure
N/A

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.				
What interventions can prevent them from developing?				
What clinical data/assessments are needed to identify complications early?				
What nursing interventions will the nurse implement if the anticipated complication develops?				

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
Clindamycin	Antibiotic	Inhibits bacterial protein synthesis	Clostridium difficile, N/V, abd pain,	Monitor for nausea, severe diarrhea, or jaundice
Cefazolin	Antibiotic	Inhibits bacterial cell wall synthesis	N/V/D or thrombocytopenia	Monitor for N/V/D
Meperidine	Analgesic	Narcotic analgesic and sedative	Sedation, N/V, dizziness, sweating	Fall precautions, anaphylaxis; monitor for S/S resp depression and severe hypotension
Terbutaline	Beta 2 adrenergic agonist	Tocolytic drugs to slow contractions	Headache, seizure, tremor	May cause palpitations, tremors, or headaches; not for use to stop labor for more than 48-72 hours
Oxytocin	Uterine stimulant	Promotes uterine contractions	N/V,	Monitor for fetal bradycardia and maternal BP increase
Promethazine	Antihistamine	Long-acting antihistamine	N/V, CNS depression, dizziness,	May cause photosensitivity and cause CNS depression, Avoid alcohol

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	GBS positive status	
Goal/Outcome	Deliver a healthy baby that is not GBS positive	
Priority Intervention(s)	Rationale	Expected Outcome
1. Admin antibiotic prophylactically and at least 4 hrs before delivery	1. Mother tested positive for GBS	1. deliver health baby that is GBS negative
2. Fetal monitoring	2. Montor FHR	2. FHR between 110-160, cat 1
3. Monitor for asthma exacerbations	3. History of asthma	3. No asthma exacerbations during delivery

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. Monitor for S/S late onset GBS infection in baby (coughing, congestion, fever, trouble eating, or seizures)	1. GBS positive mom with vaginal delivery requires continued monitoring	1. Teach S/S of possible GBS infection
2. Monitor for S/S of maternal GBS infection (endometritis, pyelonephritis, sepsis, mastitis)	2. GBS positive mom requires continued monitoring	2. Teach S/S of possible GBS infection complications
3. Complete postpartum checkup	3. Doctor will perform physical	3. Discuss physical and emotional symptoms, birth control, and answer any questions

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	Slightly elevated (possible due to GBS positive status)
Metabolic Panel Labs		
Are there any Labs result that are concerning to the Nurse?		

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

Focused OB Assessment						
Time	Contractions	Emotional/ Psyche	Fetal Assessment	Labor Stage/phase	Pain/ Plan	Vaginal exam
	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.
	Freq. Dur. Str.		FHR Var. Accel. Decel. TX.			Dil. Eff. Sta. Prest.

EVALUATION of OUTCOMES – to be completed AFTER scenario.

- 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

- After implementing the plan of care, interpret clinical data at the end of your shift to determine if your patient's condition has improved, has not changed, or has declined.

Most Important Data	Patient Condition		
	Improved	No Change	Declined

3. Has the patient's *overall* status improved, declined, or remained unchanged during your shift? If the patient has not improved, what other interventions must be considered by the nurse?

Overall Status	Additional Interventions to Implement	Expected Outcome

End of shift SBAR to oncoming nurse (the observers for your scenario)

Situation
Background
Assessment
Recommendation