

IM6 OB Simulation Patient Preparation Worksheet

RECOGNIZE & ANALYZE CLUES

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

Student Name: Kristal Herrera
 Patient initials: B.S. Admit Date: Today
 Diagnosis: G 3 P 2 ABO L 1 M 0
 EDD: / / Gest. Age: 39 weeks
 Blood Type/Rh: Pending Rubella Status: Pending GBS status: unknown
 Obstetrical reason for admission: Abdominal pain, she thought her appendix was going to rupture, active labor
 Complication with this or previous pregnancies: No prenatal care
 Chronic health conditions: _____
 Allergies: NKDA
 Priority Body System(s) to Assess: Abdomen

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
Active labor	Progressive contractions of the uterus causing the cervix to dilate and thin out (efface).
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Lack of prenatal care	Prenatal care helps to prevent low birth weight babies and assess risks for the fetus

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.	Rapid and progressive labor	Small for gestational age baby	Postpartum hemorrhage	Infection risk from mother having no prenatal care
What interventions can prevent them from developing?	Pain medications to decrease pain and anxiety from labor	Rapid intervention to assess infant from complications	Fundal massage and administration of uterine stimulant and prostaglandin	Prophylactic antibiotics before delivery to help prevent infection
What clinical data/assessments are needed to identify complications early?	Monitor contractions w/ tocodynamometer and palpating abdomen during contraction	Measure height of fundus to see if measurement too low for number of weeks, ultrasound	Check how many soaked pads mother has gone through	Monitor vital signs for infection along with blood count
What nursing interventions will the nurse implement if the anticipated complication develops?	Stop oxytocin if contractions become too severe for mother	Temperature controlled beds, tube feedings if baby has weak suck, check for hypoglycemia, monitor oxygen levels	Administer uterine stimulant and prostaglandin, and massage fundus	Administer antibiotics and keep monitoring vital signs

Surgery or Invasive Procedures

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

Procedure

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
Lactated Ringers 1000 mL 125 mL/hr	Isotonic, Crystalloid fluid	Treat dehydration and restore fluid balance	Difficulty breathing Cough Irregular heart beat Fever	Assess respiratory/cardiac Monitor blood and urine tests for fluid balance
Meperidine 25 mg IV prn q 2 mod to severe pain (q/10)	Opioid analgesics	Helps to control pain	Sweating, N/V, dizziness, lightheadedness, sedation, hypotension, respiratory arrest	Assess for S/S of respiratory distress Monitor blood pressure for hypotension Monitor med is effective at reducing pain
Promethazine 12.5 mg IV prn q 4 diluted in 10 mL saline for nausea	Antihistamine	To prevent nausea/vomiting	Dermatitis, CNS depression, Dizziness, Extrapyramidal disease, Prolonged QT interval, sedation	Monitor cardiac Monitor N/V, hydration, blood pressure, mental status, S/S extrapyramidal reactions
Penicillin G 5 million units NPB now then 2.5 million units IVPB q 4 hrs until delivery	Antibiotic	To prevent infections from occurring	Rash, leukopenia, N/V, fatigue, fever	Monitor for diarrhea; may indicate overgrowth of Clostridium difficile Culture and CBC indicative of therapeutic response Monitor for hypersensitivity
Oxytocin 20 units to 1000 mL LR after delivery of placenta	uterine stimulant	Induce labor and strengthen uterine contractions and to control bleeding after childbirth	N/V, cardiac dysrhythmia, ↑ bp, fetal bradycardia, water intoxication syndrome, neonatal jaundice	Monitor uterine activity (tonus, amplitude, and frequency of contractions) Monitor fetal heart rate
Carboprost Tromethamine 250 mcg IM	Prostaglandin	Treats uterine bleeding after delivery	Flushing, Diarrhea, N/V, Leukocytosis, ↑ blood pressure, pulmonary edema	Monitor for reduced postpartum hemorrhage Monitor vital signs, CBC

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What interventions can prevent them from developing?				
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What nursing interventions will the nurse implement if the anticipated complication develops?				

Pharmacology

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Methylergonovine 0.2 mg (1mL)/10m	Uterine Stimulant	Improves muscle tone as well as strength and timing of uterine contractions	Hypertension Headaches Myocardial infarction Seizure	Monitor for reduction in peripartum and postpartum hemorrhage and return of uterine tone and involution postpartum indicate efficacy Monitor blood pressure
Misoprostol 1000 mcg per rectum	Prostaglandin	To ripen cervix and induce labor	Abdominal pain Diarrhea Cardiac dysrhythmia Chest pain Anemia	Monitor uterine activity and fetal status when used for cervical ripening Monitor hydration status

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	Prevent hemorrhage after delivery	
Goal/Outcome	Normal vital signs, minimal bleeding after delivery	
Priority Intervention(s)	Rationale	Expected Outcome
<ol style="list-style-type: none"> 1. Prevent hemorrhage, minimize risk of bleeding 2. Providing pain relief and comfort 3. Preventing shock and excessive bleeding 	<ol style="list-style-type: none"> 1. Blood must be able to flow normally and be able to clot quickly. 2. Complications can occur from pain, causing too much stress on mother. 3. Preventing shock by monitoring inadequate blood flow and maintaining fluid volume to prevent excessive bleeding. 	<ol style="list-style-type: none"> 1. Reduced vaginal bleeding 2. Pain/discomfort reduced 3. Patient will have knowledge to avoid recurrence of bleeding

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?
<ol style="list-style-type: none"> 1. Prevent hemorrhage 2. Perineal care 3. Breast care 	<ol style="list-style-type: none"> 1. Postpartum bleeding will start out bright red and heavy and will transition to lighter period-like blood flow. 2. May have swelling due to birth trauma which may or may not include perineal stitches 3. If bottle feeding, milk may take a bit to dry out. 	<ol style="list-style-type: none"> 1. Use only pads to avoid infection, watch for blood decreasing, if you see blood increase you may need to decrease activity, this is your body's way of telling you to rest 2. Sitting in sitz bath and using witch hazel pads may reduce discomfort 3. Don't stimulate nipples, and wear a snug bra. Can also use cabbage leaves to help dry out

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hgb	10.5	Indicates anemia/iron deficiency
Hematocrit	31.5	Indicates anemia/iron deficiency
WBC	16.5 #	Normal for it to be ↑ during pregnancy
Metabolic Panel Labs		
Are there any Labs result that are concerning to the Nurse?		
Hgb and hct = mother may be anemic		