

# IM6 OB Simulation Patient Preparation Worksheet

## RECOGNIZE & ANALYZE CLUES

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

Student Name: Daisy Armendariz  
 Patient initials: A.S. Admit Date: \_\_\_\_\_  
 Diagnosis: G1 P1 AB0 L1 M 0  
 EDD: 12 /12 /2023 Gest. Age: 28 weeks  
 Blood Type/Rh: A+ Rubella Status: Immune GBS status: Unknown  
 Obstetrical reason for admission: Scheduled C-section  
 Complication with this or previous pregnancies: Severe hypertension  
 Chronic health conditions: family hx of hypertension, heart disease, cancer  
 Allergies: NKDA  
 Priority Body System(s) to Assess: Patellar reflexes, urine output, cardiac and 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
Severe hypertension, preeclampsia	Severe BP, poor placental perfusion, ischemia to organs, puts fetus at risk due to spiral arteries poorly transformed giving fetus poor oxygen and less nutrients
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Premature newborn, lung immaturity, respiratory distress	No surfactant in lungs to help with lung expansion and breathing.

### 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.	Preeclampsia, Seizures	IUGR, Premature delivery, less blood flow to fetus	Stroke, DIC,	Fetal death, Placental abruption,
What interventions can prevent them from developing?	Mag Sulfate to lower BP, safe Antihypertensives drugs	Mom exercises, lower BP with medication,	Delivery of fetus	Monitor until fetus is delivered.
What clinical data/assessments are needed to identify complications early?	CBC, Urine analysis, fetal ultrasound, Two separate BP readings 4hrs apart	Fetal heart monitor, kick counts	CBC, urine analysis, patellar reflexes,	Ultrasounds and fetal heart monitor

What nursing interventions will the nurse implement if the anticipated complication develops?	Prepare patient for surgery, medication per doctors orders	NICU on board for the delivery of fetus	C-section	NICU for fetus
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## Surgery or Invasive Procedures

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

Procedure
C-section for hypertensive patient at 28 weeks fetus gestation.

## 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
Oxytocin	uterotonic agent	helps speed up the process of child labor, prevent hemorrhaging, after birth.	More intense contraction, N/V, bradycardia,	Vitals, use at appropriate times.
Magnesium Sulfate	Laxative, Anticolvulsen t	Helps relieve occasional constipation. Prevent seizures, and lowers BP	Diarrhea, upset stomach,	Prevent magnesium toxicity!!

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## 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.

<b>Nursing Priority</b>	Blood pressure management after c-section		
<b>Goal/Outcome</b>	BP is lowered, no signs of infection		
<b>Priority Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
1. Monitor BP and pulse every hour  2. Assess patients neurological status  3. Assess for crackles or wheezing	1. Prevent complications associated with preeclampsia and damage to organs  2. Decreased cardiac output can cause precipitate alternations in sensorium due to inadequate cerebral perfusion  3. Pulmonary edema interferes and depleted circulating blood volume, overwhelming of the organs	1. BP has lowered and risk of seizure is past 48 hrs.  2. Patient is orientated to place, time, and self  3. Clear lungs	

## 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. Hypovolemia and hemorrhaging  2. Pain management  3. Incision clean and free from infection	1. Prevent patient from going into shock and hemorrhaging  2. Pain is at a minimal to none to achieve ADL's  3. promotion of clean incision. and adequate tissue perfusion and promote healing	1. How to assess bleeding, and report signs and symptoms of excessive bleeding  2. Patient verbally notifies pain level  3. Proper hand hygiene, and methods to assess and monitor incision site, properly cleaning incision sight.

Abnormal Relevant Lab Test	Current	Clinical Significance
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Complete Blood Count (CBC) Labs		
WBC	13.5	Could be normal, but risk of infection
RBC	4.0	postpartum anemia
Platelets	100	Low and are needed to help with coagulation, thrombocytopenia,
MCH	26	Blood loss, low blood volume,
Metabolic Panel Labs		
Are there any Labs result that are concerning to the Nurse?		
WBC, risk for infection		

**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/Psych e	Fetal Assessment	Labor Stage/phase	Pain/Pla n	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.**

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

2. 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)**

<p>Situation</p>
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Background

Assessment

Recommendation