IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: Riley Kidder
Patient initials: SR Admit Date: 9/18/23
Diagnosis: G1___P0___AB0_ L 0___M0_____
EDD: ____12/___08/___ Gest. Age: ____39 weeks_____
Blood Type/Rh: O Positive Rubella Status: Immune GBS status: __Negatiive
Obstetrical reason for admission: ROM & Contractions
Complication with this or previous pregnancies: Baby is breech
Chronic health conditions: Diabetes, HTN, Heart Disease?
Allergies: ___NKDA_____
Priority Body System(s) to Assess: __Respiratory, cardiac, CBC_____ ___

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
Breech Presentation	Can be caused by polyhydramnios or oligohydramnios or abnormal uterine shape. Can also be due to unidentifiable cause
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Developmental Dysplasia of the Hip, Hypoxia, dislocation of hips arms, or legs.	Baby's hips can develop incorrectly due to reduced movement and their position in the uterus. The baby's head can become trapped in the cervix once the rest of the body has come out, leading to strangulation/hypoxia. Limbs can be dislocated due to the abnormal body position and delivery.

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.	Mom will have C-Section, she will have recovery pain.	Baby will need extra help with a C-section delivery due to lung fluid not being expelled through vaginal delivery.	Mom has a postpartum hemorrhage or develops infection from surgery.	Fetus is delivered vaginally and loses oxygen for too long, causing fetal demise.
What interventions can prevent them from developing?	Stay on top of her pain so it doesn't get ahead of us, calm environment, support.	Have an experienced team ready to suction baby and provide oxygen/warmth.	Massage the fundus, use sterile surgical technique.	Deliver by Cesarean.
What clinical data/assessments are needed to identify complications early?	Pain Rating Scale	FHR, APGAR scores	Fundal assessment, TIME OUT	Determine size and position of fetus and uterus.

What nursing interventions will the nurse implement if the anticipated complication develops?	Possible difficulty bonding with baby or difficulty breastfeeding due to pain	Suction, warm the baby, provide oxygen	Massage the fundus, administer ordered antibiotics, oxygen.	If infant is delivered vaginally, keep mom calm and coach through contractions as the provider delivers the baby

Surgery or Invasive Procedures

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

Procedure
Cesarean Section

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.	Surgical/recovery pain	Poor oxygenation due to lung fluid	Death from infection	Death due to hypoxia
What interventions can prevent them from developing?	Stay on top of mom's pain so it doesn't get out of hand	Suction immediately, rub the baby, warm the baby	Maintain sterile technique and educate about proper post-op care	Have everything ready and an experienced team prepared to care for baby.
What clinical data/assessments are needed to identify complications early?	Pain Rating Scale	APGAR Scores	Vital Signs, temp especially, WBC count	Know that with any C-section, baby is at higher risk for respiratory distress because there's no squeeze to expel the fluid in the lungs
What nursing interventions will the nurse implement if the anticipated complication develops?	Calm environment, support persons, administer prescribed analgesics, coping strategies, etc.	Oxygen supplementation	Antibiotics, fluids	Oxygen supplementation, if fetus dies, family support.

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
Terbutaline 0.25 mg (0.25 mL) SQ	Bea agonist	Decreases parasympathetic cardiovascular reactivity, which is why it stops uterine contractions	Shaking in legs, arms, hands or feet, pounding heartbeat, n/v, decreased urine	Treat symptoms, try to keep patient hydrated, GI symptom management
Cephazolin 1 g IV	Cephalosporin antibiotics	Stops cell wall biosynthesis of bacteria	Dark urine, diarrhea, nausea, stomach cramps, rash	Monitor fluid/electrolyte levels, monitor for skin reactions, educate on GI symptom management

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	Respiratory status of fetus and hemorrhage/infection prevention for mom.
Goal/Outcome	Safe C-Section delivery, health of mom and fetus

Priority Intervention(s)	Rationale	Expected Outcome
1. Correct pre-op procedure	1. This could reduce incidence of infection for mom post-C-section	1. Healthy, normal recovery from C-section
2. Oxygenation of fetus	2. Prevent and neuro damage due to hypoxia	2. Healthy baby with adequate respiratory status
3. Correct post-op procedure	3. Can reduce risk postpartum hemorrhage and infection	3. Normal blood loss of 1000 mL or less

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. Correct infection prevention	1. Prevent complications for mom from the c-section	1. Keep a close eye on your scar, report any warmth, excessive redness, purulent drainage, fever, hand hygiene
2. Monitor for any signs of respiratory distress in baby	3. Baby could possibly have some lingering effects of excess lung fluid	2. Watch for shallow, rapid breaths, sucking in of the stomach with inhale, cyanosis
3. Hemorrhage prevention	3. Hemorrhage can happen even days postpartum	3. Report excessive vaginal bleeding, if ypu are soaking pads within an hour go to the ER immediately. Rub fundus!

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	15.5	Too high, may indicate infection
Hgb	11.8	Too low, could contribute to low O2 sat
Hct	35.4	Too low, may be due to increased white count
Metabolic Panel Labs		
N/A		
Are there any Labs result that are concerning to the Nurse?		
High WBC		

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.**
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	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)

Situation
Background

6

Assessment

Recommendation