IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: Haven Wisdom

Patient initials: BS   Admit Date: 9/20

Diagnosis: G 3 P 2 AB 0 L I M 0

EDD: / /Unknown Gest. Age: unknown

Blood Type/Rh: Unknown   Rubella Status: unknown   GBS status: unknown

Obstetrical reason for admission: Severe abdominal pain

Complication with this or previous pregnancies: premature - died @ 3 months

Chronic health conditions: none

Allergies: NKDA

Priority Body System(s) to Assess: Fetal HR, mom contractions, mom HR/RR/BP vag exam, estimate EIA

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
unknown gestational age	NO prenatal care, unknown EDD, possible preterm labor?, risk factors include previous preterm labor, stress, possible infection
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
possible premature baby, possible ↓ birth weight, possible infection	impaired fetal growth, organ prematurity unknown status of STI, GBS, Rh can increase infection and complication risk

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.	infection or ↓ bonding with baby rlt preemie	Respiratory Distress	Hemmorage or sepsis	sepsis cord compression Death
What interventions can prevent them from developing?	monitor VS closely skin to skin if stable	Tocolytics and corticosteroids	Fundal massage monitor s/s infection	monitor FHR patterns
What clinical data/assessments are needed to identify complications early?	↑ temp, ↑ WBC postpartum depression screenings	O2 sat RR grunting cyanosis	infection s/s WBC ↑ H&H ↓	s/s infection WBC RR status
What nursing interventions will the nurse implement if the anticipated complication develops?	antibiotics postpartum conseling	O2, nasal/oral suctioning	Fundal massage IV antibiotics	IUR antibiotics

or medication

1

Surgery or Invasive Procedures

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

Procedure
emergency c-section for labor complications or fetal distress

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.	pain	Breathing difficulties	sepsis Hemmorage	Fetal sepsis
What interventions can prevent them from developing?	stay on top of pain meds	O2 supplement naso/oral suction	monitor VS and labs closely	continuous VS monitor
What clinical data/assessments are needed to identify complications early?	frequent pain assessments	monitor O2 sat and RR cont.	↑WBC ↑Temp ↓B/P	↑Temp poor feeding lethargy
What nursing interventions will the nurse implement if the anticipated complication develops?	pain med admin	O2, possible surfactant admin	fundal massage IV antibiotic	antibiotics gavage feedings

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
Meperidine	synthetic opiod	analgesia/sedative acts in CNS for labor pains	Dizzy Nausea vomiting	avoid prolonged use in pregnancy MONITOR FHR
promethazine	Tricyclic	Blocks receptors associated with Nausea in medulla	Drowsy sedation blurred vision	Fall risk orthostatic hypo can interfere w/ lactation
Terbutaline	Beta agonist	relaxes smooth muscle - delays labor by stopping contractions	Tremor Headache HTN Tachycardia	place patient on cardiac monitor cont FHR monitor
Oxytocin	oxytocin Hormone	stimulates smooth muscle contraction (uterus)	uterine tetany N/V HTN	monitor BP closely monitor electronic fetal monitor-stop if tachy/sys/to
penicillin G	penicillins	protects from Group B strep infection	N/V/D rash fever muscle spasm	monitor anaphlaxis → give EPI IM if reaction occurs

2

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. assess approximate gestational age

Nursing Priority	assess / ensure wellbeing and safety of mom & baby	
Goal/Outcome	safe delivery and healthy mom / baby	
Priority Intervention(s)	**Rationale**	**Expected Outcome**
1. Obtain labs r/t STI, Rh and GTBS	1. ensure safe delivery for mom / baby	1. possible antibiotic prophylaxis or Rhogam
2. relaxation and breathing techniques in labor	2. ↓ mom anxiety and labor pain	2. calm environment decreased anxiety
3. possible tocolytic admin	3. delay labor to admin steroid to ↑ lung maturity	3. delayed labor and increased fetal lung maturity

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. Discharge: education of community resources	1. assist mom with newborn resources and future pregnancy resources	1. -parenting cottage -Envrams preterm baby community
Discharge: 2. Monitor bleeding and lochia	2. Teach about heavy bleeding, large clot passing, etc.	2. > use teach back method to ensure pt. understanding
Discharge: 3. Teach s/s of infection and when to report	3. education about ↑ temp, incision infection and newborn s/s infection	3.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC ↑	14.5	infection?
HCT ↓	31.5	anemia? bleeding?
HgB ↓	10.5	anemia? bleeding?
Metabolic Panel Labs		
all pending	⟶	
Are there any Labs result that are concerning to the Nurse?		
pending HIV / RPR / Rubella / GBS / Type & Rh / CMP ↓ (syphilis)		