# IM6 OB Simulation Patient Preparation Worksheet

## RECOGNIZE & ANALYZE CLUES

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

Student Name: _Lupe Trevino_

Patient initials: _____   Admit Date: _____

Diagnosis: G ____ P ____ AB ____ L ____ M ____

EDD: ___/___/___   Gest. Age: _39 weeks_

Blood Type/Rh: _____   Rubella Status: _____   GBS status: _Positive_

Obstetrical reason for admission: _____

Complication with this or previous pregnancies: _____

Chronic health conditions: _____

Allergies: _NKDA_

Priority Body System(s) to Assess: _Respirations, Temp, HR_

## 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 |
|---|---|
| Maternal GBS - positive | No Intrapartum antibiotic prophylaxis given |

| Fetal/Newborn Implications | Pathophysiology of Fetal/Newborn Implications |
|---|---|
| Risk for Sepsis | Low Temp 96.6, jittery, color mottled, increased respirations with grunting |

## 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. | Positive GBS @ 30 wks | Sepsis risk | no prophylaxis antibiotic given | Sepsis |
| What interventions can prevent them from developing? | Prophylaxis antibiotic when positive @ 30 wk | Start a broad spectrum antibiotic | Passed GBS bacteria to baby | Too long to treat infection and baby worsens |
| What clinical data/assessments are needed to identify complications early? | Test for GBS when pregnant @ 35-36 wks | Treat baby with antibiotic as soon as baby is born. | PROM, not enough time to treat before delivery | No labs are drawn or no frequent assessments done on baby |
| What nursing interventions will the nurse implement if the anticipated complication develops? | speak with mother & explain about possible infection | Notify physian about developing symptoms | Upset mother | Baby is not responding to antibiotic that was prescribed. |

# Surgery or Invasive Procedures -

Describe the procedure in your *own* words. ***If this applies to your patient. If not, leave blank.***

| Procedure |
| --- |
| |

Surgery / Procedures Problem Recognition ***If this applies to your patient complete. If not, leave blank.***

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 |
| --- | --- | --- | --- | --- |
| Phytonadione | Vitamin | Vitamin (K) to help form clots | Rash, cyanosis, sweating | Monitor Respirations, injection site, monitor for rashes |
| Erythromycin Ophthalmic Ointment 0.5% | Antibiotic | neonatal chlamydial conjunctivitis. Prophylaxis | rash, eye irritation | Monitor fever or rash around eyes |
| Hepatitis B | Vaccine | Hepatitis B Prophylaxis | diarrhea, fever | assess injection site for redness, fever |
| Sucrose Solution 24% | Analgesic | analgesic to minimize pain during procedures | increase sugar levels | Monitor baby for hyper glycemia |
| | | | | |
| | | | | |

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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.

| Nursing Priority | CBC w/differential /Blood Culture | |
|---|---|---|
| Goal/Outcome | get correct antibiotic to treat infection (Sepsis) | |
| **Priority Intervention(s)** | **Rationale** | **Expected Outcome** |
| 1. Notify Physician for signs of sepsis | 1. to get order for antibiotic | 1. to stop progression of infection |
| 2. Get order for broadspectrum antibiotic; administer | 2. get ahead of infection until bloodwork labs are received | 2. baby's temperature can regulate, respirations improve |
| 3. Monitor respirations, pallor temperature, IV fluids, HR | 3. This will show improvement in baby. | 3. Baby stabilizes and starts to feel better |

# 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. Finish antibiotic at home; additional medication | 1. if discharged with an additional antibiotic, finish to get complete dose | 1. By completing additional medications, the baby will improve + feel better |
| 2. Keep baby hydrated and continue breastfeeding (keep a healthy diet) | 2. To prevent dehydration | 2. Can feed on demand |
| 3. Monitor baby's pallor, if any malaise, decreased apetite | 3. Try to catch early symptoms (relapse) | 3. If baby doesn't want to eat, looks tired, pale please let Dr know. |

| Abnormal Relevant Lab Test | Current | Clinical Significance |
|---|---|---|
| **Complete Blood Count (CBC) Labs** | | (hypoxemia) |
| RBC    (WBC 17.5 N) | 9.7 (H) | Can slow/block bloodflow - low oxygen level in blood |
| Hgb    (Platelet 258 N) | 25.8 (H) | extra RBC, due to body needing increased oxygen |
| HCT | 65.9 (H) | extra RBC, slows bloodflow - baby has mottled skin |
| **Metabolic Panel Labs** | | |
| | | |
| | | |
| **Are there any Labs result that are concerning to the Nurse?** | | |
| RBC (H), Hgb (H), HCT (H) : low oxygen, mottled skin | | |

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