

# IM6 OB Simulation Patient Preparation Worksheet

## RECOGNIZE & ANALYZE CLUES

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

Student Name: Katie Dunn  
 Patient initials: B.S. Admit Date: Today  
 Diagnosis: G 3 P 2 ABO L M O  
 EDD: ? / ? / ? Gest. Age: unknown (maybe 39? maybe 28?)  
 Blood Type/Rh: unknown Rubella Status: unknown GBS status: unknown  
 Obstetrical reason for admission: active labor  
 Complication with this or previous pregnancies: no prenatal care, pregnancy not known, 2<sup>nd</sup> delivery 26 weeks  
 Chronic health conditions: unknown  
 Allergies: NKDA  
 Priority Body System(s) to Assess: FHR, SVE, estimated gestational age

### 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 gestation age in labor	mom unaware of pregnancy
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Could be preterm or postterm	Preterm: before 37 wks, respiratory issues Postterm: after 42 wks, placenta issues. ↓ nutrients + O <sub>2</sub>

### 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.	anemic infection	Preterm ↓ birth weight	Post Partum Hemorrhage	None reassuring fetal heart rate (fetal demise)
What interventions can prevent them from developing?	prenatal care	prenatal care	Early assessment + intervention Fundal assessment	Early assessment + intervention
What clinical data/assessments are needed to identify complications early?	WBC count Hgb levels Hct	FHR Estimated gestation age	Vital Signs Fundal height	FHR
What nursing interventions will the nurse implement if the anticipated complication develops?	antibiotics	NICU team @ delivery	Fundal massage weigh pads call doc Admin meds	L lateral LR bolus 500mL Lower Oxytocin IOL non rebreather Notify physician

## 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
Terbutaline	beta agonist	relaxes the uterus to try to prevent preterm birth	Shaking, dizziness, headache, flushing	Assess FHR Assess contractions
Meperidine	Opiate agonist	binds to opioid receptors	lightheadedness, dizziness, headache, extreme calm, constipation, dry mouth	Respiratory rate + depth Pain assessment + reassessment
Promethazine	anti-histamine H <sub>1</sub> receptor antagonist	dopamine + alpha-adrenergic antagonist	drowsiness, headaches, nightmares, dizzy, restless, confusion	Assess nausea Monitor for ss of Neuroleptic Malignant Syndrome ↳ hyperthermia, muscle rigidity, tachycardia
Penicillin	beta-lactam antibiotics	binds to beta-lactam + prevents formation of new cell walls	diarrhea, abd pain, hives, rash, itching	Assess for allergic reaction Monitor for signs of C diff WBC levels
Cefazolin	Cephalosporin antibiotics	Messes with the process of forming new cell walls	dark urine, thrush, seizures, diarrhea, allergic reactions	Assess for allergic reaction WBC levels
Clindamycin	lindomycin antibiotics	Stops bacteria from forming proteins	nausea, fever, diarrhea, heart burn, hives, abd pain	Assess for allergic reaction WBC levels

## 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
Oxytocin	Oxytocic hormones	Stimulates contractions	fast, slow, or uneven heart rate, excessive bleeding, severe headache	Amount of bleeding Titrate to appropriate level contraction assessment
Carboprost Tromethamine	Prostaglandin	binds to prostaglandin receptors causes contractions	fast/slow heart rate, headache, hives, rash	Amount of bleeding contraction assessment Not For Hx of Asthma
Methylergonovine	ergot alkaloid	increases contractions force by acting on smooth muscle	Vomiting, dizziness, chest pain, headache	Monitor vital signs esp. BP Assess uterine response Amount of bleeding Not For Hx of HTN
Misoprostol	synthetic prostaglandin E1 analog	Strengthens contractions by binding to myometrial cells	Shivering, chills, diarrhea, abd pain, hyperthermia, nausea	Assess uterine response Amount of bleeding Not For Prostaglandin Allergy

## 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>	Estimate gestational age & assess FHR	
<b>Goal/Outcome</b>	delay labor / have safest delivery possible	
<b>Priority Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Fetal heart rate	1. How is baby looking?	1. Hopefully 110-160 w/ accelerations (if non reassuring - 4 Turns)
2. Estimate gestational age	2. Should we try to stop labor?	2. Probably preterm.
3. Give prophylactic GBS antibiotic	3. Unknown if positive	3. Avoid GBS infection

## 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. Postpartum Bleeding	1. Need to be knowledgeable on what is too much	1. Bleeding through a pad in 15 mins or passing a clot larger than a large egg Needs to be reported.
2. Lactation	2. What's the plan. Breast vs bottle	2. Suppress lactation - ice, avoid stimulation, binders, avoid heat Breast feeding ↳ warmth, breast massage, latch education
3. Postpartum blues, depression, psychosis	3. Unknown pregnancy No relationship with the father	3. Signs + symptoms Lean on family (mother) for support

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	16.5	infection?
Hgb	10.5	anemic from no prenatal care. ↓ O <sub>2</sub> carrying
Hct	31.5	↓ RBC vs plasma due to pregnancy related changes
Metabolic Panel Labs		
Are there any Labs result that are concerning to the Nurse?		
WBC + Hgb		

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

Time:		Focused OB Assessment					
VS	Contractions	Vaginal exam	Fetal Assessment	Labor Stage/phase	Pain Plan	Emotional	Other
	Freq. Dur. Str.	Dil. Eff. Sta. Prest. BOW	FHR Var. Accel. Decel. TX.				

Time:		Focused Postpartum Assessment					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
					Bladder  Fundal loc Tone Lochia		

Time:		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other

**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
Assessment
Recommendation