IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: _Joanna Laguna_

Patient initials: _A.S._   Admit Date: _11/28/23_

Diagnosis: G _1_ P _1_ AB _0_ L _0_ M _0_

EDD: _12_ / _21_ / _XX_   Gest. Age: _28 weeks_

Blood Type/Rh: _A+_   Rubella Status: _Immune_   GBS status: _unknown_

Obstetrical reason for admission: _Pregnancy induced hypertension, emergency C-section_

Complication with this or previous pregnancies: _Severe pregnancy hypertension_

Chronic health conditions: _none_

Allergies: _NKDA_

Priority Body System(s) to Assess: _cardiovascular, 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 preeclampsia	Abnormal placenta results in poor blood flow which releases proteins that cause endothelial cell dysfunction resulting in vasoconstriction thus hypertension.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Preterm birth	Delivery of baby reduces preeclampsia. Though preterm birth results in lower birth weight, developmental delays, and breathing or feeding difficulties.

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.	Hypertension	Preterm Birth	Eclampsia	Fetal Death
What interventions can prevent them from developing?	Lifestyle and diet changes. Daily baby aspirin may also prevent preeclampsia.	Corticosteroid given before birth to help w/ lung development.	MgSO4 given to prevent development of eclampsia.	Early delivery of baby reduces risk of complications.
What clinical data/assessments are needed to identify complications early?	Monitor BP progression.	Assess fetus development.	monitor urine, Q4H to determine development.	Ultrasound. Data of pt. hx.
What nursing interventions will the nurse implement if the anticipated complication develops?	monitor blood pressure closely. Anti-HTN medicate.	Ensure maternal support and educate.	monitor BP and urine closely.	Fetal monitoring.

Surgery or Invasive Procedures -

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

Procedure
Early delivery : emergency c-section.

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.	Pain around area.	Low fetal birth weight	Hemorrhage	Fluid in Lungs.
What interventions can prevent them from developing?	Provide anesthesia.	Prenatal care and education.	Give oxytocin.	Corticosteriods help but usually clears on its own.
What clinical data/assessments are needed to identify complications early?	Assess skin, incision site.	Fetal monitoring and ultrasound/ doppler to monitor.	Blood pressure and heart rate.	Respiratory assessment
What nursing interventions will the nurse implement if the anticipated complication develops?	Provide pain medication.	Keep baby warm and ensure proper nutrition.	monitor BP and HR closely.	monitor fetal oxygenation.

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
Magnesium Sulfate	anti-convulsant	Reduces muscle contractions and acetylcholine.	Diarrhea Upset stomach	monitor magnesium Q4hrs. monitor urine output, BP, respirations and deep tendon reflexes.
Calcium gluconate	antidote	Reverses effects of magnesium sulfate.	Constipation Nausea vomiting	monitor s/s of hypo/hypercalcemia. maintain adequate calcium consumption.
oxytocin	hormones	Induces labor and controls postpartum bleeding.	Painful contractions	Monitor electrolytes, BP, and HR of mom. assess uterine contractions. FHR
morphine	opioid analgesic	Decreases severity of pain.	constipation sedation confusion	Assess pain (PQRST), level of consciousness, and VS. Assess bowel movements.
misoprostol	prostaglandin	controls bleeding. (uterine contraction, labor induction)	abdominal pain diarrhea miscarriage	Assess epigastric or abdominal pain. monitor uterine cramping and bleeding.

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	Prevent progression of preeclampsia.	
Goal/Outcome	Decrease BP (<140/90) and prevent bleeding throughout hospitalization.	
Priority Intervention(s)	**Rationale**	**Expected Outcome**
1. Monitor hemorrhage. (BP & HR)	1. Stabilize VS in order to ensure patient safety.	1. No signs of hemorrhage or VTE.
2. Monitor MgSO4 levels.	2. Determines need for adjustment for effectivity.	2. Prevent complications of MgSO4 toxicity.
3. Pain management	3. Allows for recovery and rest; bonding energy w/ baby is ↑.	3. Mom bonds with baby and is less stressed.

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. Management of preeclampsia, especially during pregnancy.	1. Prevents worsening to eclampsia, which may be fatal to mom & baby.	1. Provide examples such as dietary options. Teens comply if given more choices.
2. Educate about c-section: risks during surgery and after.	2. Decreases fear of the unknown. Prepares the teen for body image changes & how to take care of it.	2. Be honest and open to pt's questions or concerns. Support their decision.
3. Use of contraception.	3. Since she is only 15 y.o., contraception may be important since another pregnancy may not be optimal.	3. Provide choices and benefits. May need 'repeat back' or 'return demonstration' to assess understanding.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	13.5	Surgery = stress and inflammation. Suspect infection.
RBC	4	Suspect blood loss or hemorrhage.
Platelets	100	HELLP S/S, indicative of preeclampsia; suspect bleeding
Metabolic Panel Labs		
AST	39	May be HELLP syndrome, sign of preeclampsia.
ALT	42	S/S of preeclampsia is elevated liver enzymes.
Are there any Labs result that are concerning to the Nurse?		
No		

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