IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: <u>Hannah Rosales</u>
Patient initials: <u>CW</u>   Admit Date: <u>05/05/XX</u>

Diagnosis: <u> G3   P2   AB0   L1   M0</u>
EDD: <u>08/10/XX</u>   Gest. Age: <u>38 weeks</u>
Blood Type/Rh: <u>O Negative</u>   Rubella Status: <u>Immune</u>   GBS status: <u>Negative</u>
Obstetrical reason for admission: <u>Scheduled for induction.</u>
Complication with this or previous pregnancies: <u>Hx of preeclampsia, stillbirth, gestational diabetes and elevated BP</u>
Chronic health conditions: <u>N/A</u>
Allergies: <u>Morphine</u>
Priority Body System(s) to Assess: <u>Cardiovascular, reproductive (vaginal exam).</u>

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
Patient is experiencing hypertension and has been diagnosed with gestational diabetes.	Mother develops glucose intolerance/insulin resistance during pregnancy, due to hormones producing that make insulin less effective.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Newborn at potential risk for hypoglycemia, low birth weight, high birth weight.	Once delivered, newborn's glucose supply is unavailable from mother, resulting in low blood sugar. GDM has been linked to placental insufficiency, resulting in an increased risk of stillbirth. Extra glucose in the fetus is stored as body fat, leading to macrosomia (LGA).

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.	Hyperglycemia or Hypoglycemia	Hypoglycemia	Hemorrhage due to being a multipara.	Stillbirth
What interventions can prevent them from developing?	Monitor vitals and blood sugar. Monitor FHR and EFM. Administration of necessary medications. Proper positioning.			

What clinical data/assessments are needed to identify complications early?	Labs, vitals, assessing symptoms.			
What nursing interventions will the nurse implement if the anticipated complication develops?	Administer proper medications and fluids, evaluate BP and blood sugar. Notify physician. Notify NICU.			

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
LR 125 ml/hr	Isotonic fluid	Provides electrolyte and fluid balance and maintenance within the body.	Dizziness Headache Agitation	Monitor cardiac, I&O. Assess for fluid overload.
Oxytocin 30u/500ml		Stimulates contractions to facilitate labor and delivery process.	N/V. Severe: uterine hypertonicity, rupture, PP hemorrhage, arrhythmia, HTN.	Monitor FHR for tachysystole. Monitor patient contractions, uterine tone and BP.
Meperidine 25mg IVP Q2 for mod-sever pain (4/10)	Opioid Sedative	Produces analgesic and sedative effects for effective use for pain.	Dizziness, sedation, N/V, constipation, confusion, flushing, Tachy/bradycardia.	Reassess pain level.
Promethazine 12.5mg IVP Dilute 10mL NS Q4 or PRN	Antiemetic	Used to treat nausea.	Drowsiness, dizziness, confusion, disorientation, rhinitis.	Monitor for dehydration.
Humalog Insulin Sliding scale SQ	Insulin lispro	Rapid acting insulin used to decrease blood sugar.	Hypoglycemia, HA, rash,	Reassess blood sugar. Monitor for hypoglycemia.

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	Monitor for/prevent postpartum hemorrhage.	
Goal/Outcome	Mom and baby physically respond well to natural delivery.	
Priority Intervention(s)	Rationale	Expected Outcome
1. Monitor EFM.	1. Determine if the baby is tolerating labor and contractions, in case of the need to intervene.	1. Baby to be delivered with no complications.
2. Administer insulin, pain medications, and comfort measures to prevent hypoglycemia and control pain.	2. Patient is diagnosed with gestational diabetes that is controlled with insulin. She is not scheduled for anesthesia, but has meperidine ordered for pain.	2. Patient's pain and glucose are controlled/tolerated and she can experience an easier delivery.
3. Continue oxytocin.	3. Titrate to help labor progress. May need to be continued in postpartum phase to prevent hemorrhaging.	3. Patient does not have a prolonged labor and is not experiencing postpartum hemorrhage.

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. Monitor amount and color of postpartum bleeding.	1. Patient is at high risk for hemorrhage.	1. Teach that color should fade over the course of about 10 days and amount should decrease. Report is pads are becoming heavily saturated within an hour, if passing large clots, foul odor, or return to bright red color.
2. Report changes or alterations in mood and adjusting to newborn.	3. Patient is at risk for postpartum depression.	2. Report if noticing a change in mood, lack of motivation, intolerability to adjust to newborn at home, and inappropriate newborn care or self-care practices.
3. Follow-up with OB and pediatrician.	3. Monitor patient's recovery and if baby is stable since mother is at risk for depression.	3. Schedule an appointment to follow-up with OB within a week and meet with pediatrician within the next few days.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	Possible infection.
Metabolic Panel Labs		
Glucose	148 (H)	Elevated due to gestational diabetes.
ALT AST	36 (H) 38 (H)	Can indicate possible liver damage or liver function.
Are there any Labs result that are concerning to the Nurse?		
WBC's and glucose.		

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**
Elevated blood pressure. Pulse 84 bpm.	Increased respirations on room air. Lung sounds clear bilaterally. O2 98% RA.					T 98.6 HR 84 RR 18 BP 136/84 O2 98% RA	Vaginal Exam 5-6cm 90% -1 Nitrazine positive; clear

Time: 0830	Focused OB Assessment: Vaginal						
VS	**Contractions**	**Vaginal exam**	**Fetal Assessment**	**Labor Stage/phase**	**Pain Plan**	**Emotional**	**Other**
(Did not note vitals at SIM clinical)	**Freq.** q 2-3 minutes **Dur.** 60 seconds **Str.** Strong	**Dil.** 9cm **Eff.** 100% **Sta.** 0, 1+ **Prest.** **BOW**	**FHR** 130's **Var.** moderate **Accel.** **Decel.** Late **TX.** IUR	1st stage- Transition	No anesthesia; meperidine 25mg IVP PRN q 2 hrs for moderate to severe pain (4/10).	Concerned	

Time: 0845	Focused Postpartum Assessment: Vaginal						
VS	**CV**	**Resp**	**Neuro**	**GI**	**GU/Fundal**	**Skin**	**Other**
(Did not note vitals at SIM clinical)	Elevated BP and HR. (Did not note exact measure-ments at SIM).	20 RA (Did not note exact measure-ments at SIM).	Oriented x 4	(N/A)	**Bladder** **Fundal loc** U1 **Tone** Firm **Lochia** Moderate, bright red	No tears or lacerations observed. Vaginal area red, edema.	

Time: 0845	Focused Newborn Assessment: CV						
VS	**CV**	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**Other**

(Did not note vitals at SIM clinical)	N/A	N/A	N/A	N/A	N/A	N/A	

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
Mother remains concerned after labor and delivery. She is concerned about possible complications that may arise related to complications in previous pregnancies.	Emotional state may potentiate postpartum depression.
Most Important Fetal Assessment Findings	**Clinical Significance**
Baby tolerated delivery well and appropriately responded to IUR during labor.	Baby is not experiencing neuro, respiratory, or cardiac deficits.

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
Late decelerations during labor.	X		
Severe labor pains.	X		
High blood sugar	X		
Moderate lochia	X		

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
Patient's overall status is stable. Her physical state has improved, as she is no longer experiencing labor pains. Her mental/emotional state has remain unchanged.	Since Cynthia is high risk hemorrhage, implement fundal massages, monitor bleeding, and initiate comfort measures. Cynthia may need screening for risk of postpartum depression as she is still concerned about complications that may arise.	Cynthia is tolerating postpartum healing, experiencing no hemorrhaging, and is psychologically adjusting to the birth of her baby appropriately prior to discharge.

End of shift SBAR to oncoming nurse (the observers for your scenario)

Situation Cynthia Williams is a 31 yo G3 P2 L1 who delivered vaginally today at (XXXX time). She was 38 weeks along, her labor was induced, and she didn't receive any anesthesia. Cynthia progressed quickly and delivered baby rapidly. She experienced late decelerations, and IUR was initiated in the delivery room, which Cynthia and baby responded well to. She has been experiencing high blood pressure as well as high blood sugar. She is allergic to morphine and is a full code.
Background History of pre-eclampsia with 1st pregnancy, delivered stillborn with 2nd pregnancy, and has been diagnosed with gestational diabetes during third pregnancy, as well as experiencing elevated blood pressure. She has been on bed rest the last three weeks of her pregnancy due to her elevated BP.
Assessment Patient is stable; however, she is concerned about complications that may arise due to complications in her previous pregnancies. Moderate amount of lochia, and BP still elevated. Meperidine was given 2 hours ago for pain, and she was given insulin to control her blood sugar, which has been in the 200's. She has had LR running in her left forearm, 18 gage, at 125ml/hour. Uterus is firm at U1. Patient is at high risk for postpartum hemorrhage.
Recommendation Continue fundal massage and monitor bleeding due to being high risk hemorrhage. Monitor for signs of postpartum depression.