

IM6 OB Simulation Patient Preparation Worksheet

RECOGNIZE & ANALYZE CLUES

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

Student Name: Meghan Schmitt
 Patient initials: B.S. Admit Date: unknown
 Diagnosis: G 3 P 2 AB 0 L1 M 0
 EDD: / / Gest. Age: 39 weeks
 Blood Type/Rh: pending Rubella Status: unknown GBS status: unknown
 Obstetrical reason for admission: severe abdominal pain; pt is pregnant & in labor
 Complication with this or previous pregnancies: 2nd delivery: 26 wk Male who died at 3 months
 Chronic health conditions: N/A
 Allergies: NKDA
 Priority Body System(s) to Assess: respiratory, cardiac

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
V/S slightly elevated	this could potentially mean that there is a possible infection taking place, or due to labor having been initiated it is slightly elevated.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
minimal variability, no accelerations	loss of variability can occur due to: fetal sleep cycle, hypoxia, hypoxemia or acidosis or from medications taken by mom. Since there is also no acceleration, baby might be having late decelerations therefore we need to complete a contraction stress test and prepare for intrauterine resuscitation.

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.	inc. in V/S due to labor initiation & anxiety/stress	lack of prenatal care and baby is sleeping	infection	late decelerations/ placenta insufficiency and emergency delivery required.
What interventions can prevent them from developing?	positive effects of continuous labor support (physical, info and advocate, praise, reassure, calm environment)	place mom on left lateral side and perform fetal kick counts	hydration, nutrition and overall health of mom	turn pt, turn oxytocin off, IV bolus, O2 admin., notify provider, perform amnioinfusion
What clinical data/assessments are needed to identify complications early?	Q&A with pt, assessing pt wellbeing	external/internal fetal monitoring and uterine activity	V/S and WBC	FHM
What nursing interventions will the nurse implement if the anticipated complication develops?	psyche evaluation and measures to accommodate	AROM w/ IUPC, vaginal exam	antibiotics, monitor V/S for mom/baby	intrauterine resuscitation

Surgery or Invasive Procedures -

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

Procedure
cesarean birth

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.	Infection	late decels and decrease in FHR	postpartum hemorrhage	respiratory depression
What interventions can prevent them from developing?	aseptic technique, hand hygiene, wound care, observation of incision	Reposition mom, stop oxytocin, admin bolus IV fluid, admin O2	fundal massage	change moms position and admin O2
What clinical data/assessments are needed to identify complications early?	WBC, wound cultures, proper healing appearance (skin integrity)	reassess FHR after interventions	assess incision site and drainage, monitor V/S	FHR, APGAR score
What nursing interventions will the nurse implement if the anticipated complication develops?	antibiotics, wound care	Emergency C-section	Call provider	notify NICU and resuscitation team, admin surfactant supplementation

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	tocolytic / beta agonist	stop or delay labor, will prevent and slow contractions of the uterus	tachycardia, skin flushing, hypokalemia, tremors, restlessness	Assess heart rate and palpitations.
Meperidine	narcotic	acts on the central nervous system to relieve pain	sweating, N/V, dizziness, lightheadedness	Assess mental alertness and coordination. Assess B/P for hypotension and RR for respiratory depression
Promethazine	antiemetic	helps nervous system calm down by blocking substances in the body that can cause N/V	tachycardia, confusion, dizziness, dry mouth, difficulty breathing, stomach pain	abdominal/cardia/respiratory assessment. Assess patient for mental alertness and coordination.
Penicillin G	antibiotic	will kill off bacteria to help spread GBS/group - B strep to baby	N/V/D, rash, abdominal pain, muscle spasms, chills, HA, flushing	skin assessment for any rash or adverse reaction to medication. Be on the look out for serious allergic reactions: hives, swelling of the face, throat, tongue, lips and extremities.
Carboprost Tromethamine	prostaglandin	causes the uterus to contract the way it does in labor and also helps the cervix to dilate helping to reduce any bleeding or post-partum hemorrhage.	N/V/D, HA, inc. pain in uterus, HTN	Do not give if Hx of asthma. Pain, cardiac and skin assessment.
Methylergonovine	analgesic & uterotonic	acts directly on the smooth muscles of the uterus and prevents bleeding after giving birth.	stomach pain and cramps, pins and needles sensation, HA, fainting, N/V	Do not give if Hx of HTN. Monitor pts B/P, HR and uterine response in coordination with bleeding. Be aware of mental alertness or coordination of pt, report changes to provider.

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	Safe delivery for mom/baby		
Goal/Outcome	Mom/baby have stable V/S, advocate/care for patient plan of care.		
Priority Intervention(s)	Rationale	Expected Outcome	
1. Assess mom V/S	1. to confirm no infection or issues during labor/childbirth	1. updated on patient status and issue interventions if necessary	
2. Assess FHR	2. to confirm variability and accelerations have improved	2. if FHR continuous to be non-reassuring, we can implement interventions to assist delivery	
3. Assess blood loss for mom	3. to confirm lochia is normal for vaginal delivery and be able to notify provider if hemorrhage occurs	3. weigh blood loss of mom and expect lochia color to lighten, fleshy odor only, amount decreases	

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. Mom vaccinations after delivery	1. Post partum vaccination will help protect moms from getting sick, and they will pass some antibodies to baby through breastmilk.	1. Go over vaccination information sheets with mom, list benefits to mom and how it will aid in future pregnancies with baby vaccination visits/antibodies.
2. Lochia appearance and smell	2. This will allow mom to know if hemorrhaging is occurring and if bleeding is on track for post partum patients.	2. Go over stages of color, amount and odor that is appropriate for certain days post partum.
3. Prenatal care teaching and community resources	3. This will allow mom to be aware of testing throughout pregnancy, notification of baby status/interventions, maternal changes, nutrition "requirements" for a safe pregnancy and delivery plan.	3. Provide local resources and pamphlets that will show mother the benefits of prenatal care for herself and future babies. This must be done in an appropriate and knowledgeable manner as to not shame her for previously not having prenatal care.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	16.5	sign of possible infection
Metabolic Panel Labs		
N/A all pending		
Are there any Labs result that are concerning to the Nurse?		
All vaccine labs unknown, must prepare mother/baby with prophylactic antibiotics and RhoGAM administration. WBC is high, possible indication that there in an infection.		

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
	X					X	

Time:		Focused OB Assessment					
VS	Contractions	Vaginal exam	Fetal Assessment	Labor Stage/phase	Pain Plan	Emotional	Other
T: 99.6° HR: 102 RR: 18 B/p: 138/88 O2: 96% RA	Freq. 2-3 min Dur. 60-70 sec Str.	Dil. 4-5cm Eff. 90% Sta. -1 Prest. BOW	FHR 120 Var. min. Accel. none Decel. present during labor TX.	1st stage Active phase	low dose meperidine	previous death of child, not aware pregnant	

Time:		Focused Postpartum Assessment					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
		Admin. 10L/min via non-rebreather mask			Bladder Fundal loc Tone Lochia heavy, bright red perineorrhage		

Time:		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
		Done by NICU team post birth					

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
Pt Hx regarding prenatal care, socioeconomic status, extracurricular activities	Knowing maternal information can delegate whether a potential problem can occur and NICU team needs to be in the room at birth.
Most Important Fetal Assessment Findings	Clinical Significance
FHR	Telling sign of baby's health and if an issue is occurring with placenta or cord.

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
Placental abruption (8 accelerations, min. variability)	X		
hemorrhage post vaginal birth	X		
preterm delivery (7 mo)	X		
frequent contractions - progressed (Terbutaline)	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
Pt declined within delivery/labor. Post delivery, pt started hemorrhaging.	fundal massage, oxytocin 20-40 u admin., carboprost tromethamine admin.	stop pt. from hemorrhaging

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

Situation	Brittany Spears 21y/o G3P2 arrived at L&D with severe abdominal pain. Discovered pt. was pregnant and in labor; contracting q 2-3 min. lasting 60-70sec. Allergies: NKDA code status. Full
Background	No prenatal care. 2nd delivery was a 26 wk male who died at 3 mo. Brittany's mother is sole support of the family. Pt Hx of cocaine use and smoking. Preterm labor - about 7 mo along.
Assessment	v/s: T: 99.6 HR: 102 RR: 18 Bp: 138/88 O2: 95% RA FHR: 120 w/ minimal variability, no accelerations noted. vaginal exam: 4-5 cm 90% -1; nitroline neg. Risk for falls due to pregnancy. 18 & IV @ arm, LR infusing at 125 mL/hr. Pt contractions began increasing with duration. Lose dose meperidine and terbutaline was pulled but not used as labor progressed. Placental abruption took place leading to a quick delivery, NICU team performed O2 protocol on baby. Pt began hemorrhaging, fundal massage was performed and oxytocin 20-40u admin. CN took pt mom out of room as she was not creating a positive or safe environment for pt.
Recommendation	watch for pp hemorrhage/ implement protocols/ weigh lochia. contact CPS due to drug use during pregnancy. contact social services to aid pt with financial responsibility. Be aware of pp depression for pt due to previous death of child and current child being in NICU. keep eye on labs: ↑ WBC and unknown pending labs for HIV, rubella, GBS - antibiotics may need to be ordered via physician.