

IM6 OB Simulation Patient Preparation Worksheet

RECOGNIZE & ANALYZE CLUES

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

Student Name: Savannah Thomas

Patient initials: J Admit Date: Today

Diagnosis: G P AB L M

EDD: / / Gest. Age: 39wks

Blood Type/Rh: unknown Rubella Status: unknown GBS status: mom was positive at 36 wks

Obstetrical reason for admission: delivery

Complication with this or previous pregnancies: GBS +,

Chronic health conditions: none

Allergies: NKDA

Priority Body System(s) to Assess: respiratory, cardiac, temp. regulation

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
Group B strep positive	A bacteria that is found in the vaginal flora. If positive and not treated, can result in complications for the newborn such as pneumonia, sepsis, and meningitis
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Respiratory distress and temperature regulation	Caused by a lack of surfactant in the lungs which causes problems opening the alveoli sacs in the lungs to allow for air exchange The body is not able to maintain an acceptable temperature

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.	Mom is not treated with the full course of antibiotics before delivery	baby is placed in warmer with oxygen to help respiratory and temp.	Mom is not treated with full course of antibiotics	Infant death due to respiratory distress and poor temp. regulation
What interventions can prevent them from developing?	At least 2 doses of antibiotics (Penicillin) before delivery	Mom receiving at least 2 doses of Penicillin before delivery, respiratory and temp. are monitored	does not receive any or enough antibiotics before delivery	Respiratory distress and temp. regulation worsens and death is likely
What clinical data/assessments are needed to identify complications early?	GBS testing	Placed in warmer with oxygen flowing, possible surfactant replacement	Positive GBS test	Decreased respiratory rate and temperature
What nursing interventions will the nurse implement if	Treat with 2 doses of antibiotics	Antibiotics, oxygen, place in warmer		Antibiotics, IV fluids, breathing support

the anticipated complication develops?				
--	--	--	--	--

Surgery or Invasive Procedures -

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

Procedure: blood draw
A heel stick to collect blood to send to the lab

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 from the lancet		Infection
What interventions can prevent them from developing?		Use a heel warmer before sticking		Clean with alcohol before the stick
What clinical data/assessments are needed to identify complications early?		Prior lab values to identify poor trends		Monitor vitals and site to watch for infection
What nursing interventions will the nurse implement if the anticipated complication develops?		Monitor lab values to watch for changes and needs		Call physician

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

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	Respiratory assessment and temperature regulation	
Goal/Outcome	Increase oxygen saturation and slow respiratory rate, raise body temperature	
Priority Intervention(s)	Rationale	Expected Outcome
1. Administer oxygen	1. baby is having poor gas exchange	1. increase in O2 sats.
2. Place in warmer	2. baby's body temp. is too low	2. body temp. will increase and stabilize
3. antibiotic therapy	3. mom was GBS positive and now infant shows signs of illness	3. decrease respiratory distress and increase temp. regulation

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 the respiratory rate of the infant	1. infants respiratory rate should be between 40-60bpm	1. watch the chest rise and fall, for every full cycle is one respiration, count for 1 full minute
2. Monitor infant temp.	3. An infant's body temp should be between 96.8 and 99.5	2. Place thermometer securely under infants armpit and hold
3. monitor for s/s of GBS infection	3. GBS infection in infants manifests with a fever, grunting with breathing, poor feeding, fussiness	3. If you notice any of the s/s listed, call or seek medical attention

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	17.5	normal
RBC	9.7	high
Hgb	25.8	High
HCT	65.9	high
plt	258	Normal
Metabolic Panel Labs		
Are there any Labs result that are concerning to the Nurse? RBC, hgb, HCT		

--

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
	Yes for grunting and increased respiratory rate					Yes to watch temperature changes due to instability	

Time:		Focused OB Assessment					
VS	Contra ctions	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: 1000		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
BP: 70/50 Temp: 96.6 Resp: 58 O2: 96% RA Pulse: 154		58 bpm with grunting					

EVALUATION of OUTCOMES – to be completed AFTER scenario.

- 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
Grunting with respirations, jitteriness, mottled skin, temperature instability	These are all signs of sepsis in infants

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
Cyanosis			Patient was more cyanotic at the end
Jitteriness		No change	
Temperature regulation		No change	
Grunting with respirations		No change	

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
Declined	Call physician and transfer to NICU	Patient to be treated with antibiotics due to neonatal sepsis

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

<p>Situation</p> <p>Baby girl Jones, born today, transferred to nursery due to respiratory distress and temperature instability</p>
<p>Background</p> <p>Mom was GBS+, Apgar 8/9, temperature decreasing over time, respiratory grunts and cyanosis worsening over time, jitteriness noted</p>
<p>Assessment</p> <p>Temperature is now 96.6, respiratory grunts heard, cyanosis noted around mouth, nose, and cheeks, jitteriness noted with a blood sugar of 45</p>

Recommendation

Transfer to NICU to be treated for sepsis