IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: _____Victoria Forney_____

Patient initials: ___CW____   Admit Date: _____

Diagnosis: _G3___ P2___ AB__ L1___ M_____

EDD: _08__ /10__ /XX_____   Gest. Age: 38 3/7Weeks_____ _____

Blood Type/Rh: ___neg._____ Rubella Status: ___immune_____ GBS status: neg._____

Obstetrical reason for admission: _elevated BP_____ _____

_____ Complication with this or previous pregnancies: Hx gestational diabetes, preeclampsia in 1st pregnancy, 2nd delivery was stillborn

Chronic health conditions:_none_____

Allergies: _morphine_____ _____

Priority Body System(s) to Assess: _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
Gestational diabetes and elevated BP	The placenta acts as a blocker for insulin production leading to insulin resistance. With extra blood volume due to pregnancy we have an increase in BP.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
LGA	Due to the gestational diabetes causing glucose to be present in the blood and intake of synthetic insulin, the baby will more than likely be large

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 & worst possible complications.	Elevated BP- preeclampsia	LGA- gestational diabetes	BP is too high leading to perfusion issues	Low blood glucose post delivery
What interventions can prevent them from developing?	Elevating the mothers feet, continuing to control the diabetes keeping BGL's down	Control blood glucose levels so the baby does not continue to grow to rapidly	Monitoring capillary refill and keeping mother hydrated	Monitor BGL of infant post delivery
What clinical data/assessments are needed to identify complications early?	Monitor BP regularly and monitoring capillary refill	Control BGL of mother early and aggressively	Monitor BP levels of mother	Monitor infant activity as soon as baby is delivered
What nursing interventions will the nurse implement if the anticipated	Notify the physician and elevate the feet	Monitor BGL of mother and administer insulin	Checking cap refill regularly and elevate pt feet	Administer sucrose water

complication develops?		when necessary		

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 30units/500ml	Oxytocic hormones	Induces body to contract the uterus	Nausea, vomiting, fast heart rate	Monitor baby's heart rate and rate of contractions of mother
Terbutaline 0.25mg (0.25ml)	Beta agonist	Relaxes the muscles of the uterus to stop or slow premature labor	Drowsiness, weakness, nausea, dry mouth	Monitor fetal monitor to watch for tachysystole in the mother
Meperidine 25mg IVP q2h PRN moderate to severe pain (4/10)	Opiate analgesics	To treat moderate to severe pain	Lightheadedness, headache, agitation and constipation	Monitor patients pain level regularly
Promethazine 12.5mg IVP q4h PRN for nausea	Anti-emetic	Decreases the feeling of nausea by telling the brain to ignore those feelings	Exhaustion, dry mouth, blurred vision, ringing in ears	Monitor patients level of pain
Humalog	Anti-diabetic	Regulates BGL by administering synthetic insulin into the body that will not be a threat to the immune system allowing it to lower BGL	Constipation, weight gain, sick thickening or changes of feeling of skin	Monitor patients' blood glucose levels rigorously

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	Induction of Labor	
Goal/Outcome	Delivery baby safely	
Priority Intervention(s)	**Rationale**	**Expected Outcome**
1. Position the mother correctly for delivery (left side)	1. puts least amount of pressure on the vena cava and allowing proper blood return to the heart	1. safer delivery for mom and baby
2. Assessing baby with Leopold's maneuver	2. allows us to determine the local of the baby before delivery	2. identity the infants position
3. place fetal monitoring on the mom	3. allows us to monitor moms contractions and fetal heart rate	3. monitor how far apart contractions are and if the baby is in any distress

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. Stay on top of your pain. Continue to take pain medication and ice packs as prescribed 2. Monitor for temperature greater than 100.4 3. Monitor for signs and symptoms of depression	1. Allows patient to do daily activities as well as care for newborn baby at home 2. If fever has developed it could mean there is an infection present 3. Postpartum depression can occur in any woman who has just delivered a baby	1. Medication education as the physician prescribed. Education of ice packs, donuts and sitz baths 2. Watch for temperatures that are 100.4 or greater, monitor for fowl smells around perineal area or discharge that is of yellow or green color 3. If you are experiencing a new change in sleeping patterns, lack of energy and or motivation let someone know. Call your physician to notify

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	Birthing process or infection
Metabolic Panel Labs		
Glucose	148	Gestational diabetes
ALT and AST	36 and 38	Liver enzymes elevated
Are there any Labs result that are concerning to the Nurse?		
Maybe the WBC- I would continue to monitor the lab post delivery to monitor for 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

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