IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: <u>Catherine Huber</u>
Patient initials: <u>BGJ</u> Admit Date: Today
Diagnosis: _G____P____AB___L____M_____
EDD: _____/_____/_____ Gest. Age: <u>39 weeks</u>
Blood Type/Rh: _____ Rubella Status: _____ GBS status: <u>Mom was positive</u>
Obstetrical reason for admission: _____
Complication with this or previous pregnancies: _____
Chronic health conditions:_____
Allergies: <u>NKDA</u>
Priority Body System(s) to Assess: <u>breathing/respiratory</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
Positive for Group B Strep	Group B streptococcus is present in the rectum and vagina of the woman.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Early-onset newborn GBS disease - sepsis, pneumonia, meningitis	GBS is passed to the baby when they are being born.

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.	UTI	Early-onset newborn GBS disease – sepsis, pneumonia, meningitis	Intrauterine infection, metritis	Sepsis/death
What interventions can prevent them from developing?	Penicillin, Cephazolin or Clindamycin during labor & delivery	Treating the mother with antibiotics during labor & delivery	Treating the mother with antibiotics during labor & delivery	Treating the mother with antibiotics during labor & delivery
What clinical data/assessments are needed to identify complications early?	VS Assess for symptoms (fever, chills, dysuria, frequency, urgency, odorous discharge, nausea/vomiting)	VS Assess for symptoms (increased respirations, apnea, bradycardia, low blood sugar, low temp, changes in skin color, cyanosis, convulsions)	VS Assess for symptoms (fever, abdominal tenderness, odorous discharge)	VS Assess for symptoms (increased respirations, fever or low temp, vomiting, diarrhea, fussiness, sleepiness) Do a newborn sepsis calculator
What nursing interventions	Notify doc to start them on antibiotics,	Put them under warmer if low temp	Notify doc to start them on antibiotics,	Put them under warmer if low temp

will the nurse implement if the anticipated complication develops?	antipyretics Continue to monitor	Put them on O2 Notify doc to start them on antibiotics, fluids Continue to monitor	fluids, antipyretics Continue to monitor	Put them on O2 Notify doc to start them on antibiotics, fluids, antipyretics Continue to monitor

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
Phytonadione 1 mg IM	Anticoagulant reversal agents, vitamins	Helps to make four clotting factors	Dizziness Flushing Changes in taste Sweating Pain/swelling in injection site	Monitor the injection site after
Erythromycin Opthalmic Ointment 0.5% 1 application to both eyes	Macrolide antibiotics	Stops the growth of bacteria or kills bacteria by blocking the bacterial ribosomes	Eye redness Mild eye irritation	Assess eyes for drainage or crusting Monitor for side effects after administration Teach parents not to wipe away ointment
Hep B vaccine (Engerix B) (mom doesn't want us to give)	Viral vaccines	Helps the body to develop antibodies to Hepatitis B	Diarrhea Loss of appetite Feeling weak or tired Mild fussiness or crying Low fever Runny nose	Give information about the vaccine

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	Stabilize the patient	
Goal/Outcome	More normal VS	
Priority Intervention(s)	**Rationale**	**Expected Outcome**
1. Put them under warmer	1. Because of low temperature	1. Higher temperature
2. Put them on O2 2 L nasal cannula	2. Because of increased respirations and grunting	2. No signs and symptoms of respiratory distress, decreased respirations
3. Check blood sugar and give breast milk, formula or 5% glucose water if below 45 mg/dL	3. Because of jitteriness, mottled color and work of breathing	3. Low blood sugar initially, if treat it, normal blood sugar

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. GBS is a natural flora that occurs in the vagina and rectum.	1. So the parents understand why the patient can't regulate temperature and why their blood sugar might have been low.	1. Explain to the parents.
2. The antibiotics will take care of the infection she has from the GBS. We also have her on a warmer to help her temperature and oxygen to help her breathing.	2. So the parents know what we're doing to help their baby.	2. Explain to the parents.
3. Things to look out for when they go home – fever, increased respirations, signs of respiratory distress	3. So the parents know when they need to go to the doctor.	3. Explain to the parents.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		

Metabolic Panel Labs			
Are there any Labs result that are concerning to the Nurse?			

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