

# IM6 OB Simulation Patient Preparation Worksheet

## RECOGNIZE & ANALYZE CLUES

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

Student Name: Anella Torres  
 Patient initials: G.R. Admit Date: \_\_\_\_\_  
 Diagnosis: G I P 0 A B 0 L 0 M 0  
 EDD: 12/09/2024 Gest. Age: 36 weeks  
 Blood Type/Rh: O (+) Rubella Status: Immune GBS status: Negative  
 Obstetrical reason for admission: SRM  
 Complication with this or previous pregnancies: N/A  
 Chronic health conditions: N/A  
 Allergies: NKDA  
 Priority Body System(s) to Assess: vital signs & FHR & the MOMS vitals, Heart rate, blood pressure / watch infection

### 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
SRM - Sudden rupture of membranes	Stage 1 of labor has begun. Amniotic fluid sac of 2 layers has ruptured that protects baby
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
compression / prolapse of the umbilical cord + prematurity	Fetal oxygen supply may be compromised due to SRM. Preterm birth of baby due to the early onset of SRM.

### 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.	infection	Preterm Birth	Chorioamnionitis	Umbilical Cord/prolapsed cord
What interventions can prevent them from developing?	give mom antibiotics	Most likely baby needs to get out ASAP	Aseptic tech. / limit vag exams	Side lying of mother / position Δ's
What clinical data/assessments are needed to identify complications early?	get a (wbc) blood level	Monitoring of dilation + effacement	Vital sign assessments	Monitor the FHR continuously
What nursing interventions will the nurse implement if the anticipated complication develops?	administer prophylactic antibiotics	May need to give MOM OXYTOCIN	Administer antibiotics + CALL HCP	elevate hips / use sterile glove + mole

fetus off carefully 1

## Surgery or Invasive Procedures - primary G Section

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

Procedure
Surgical delivery of the baby after the amniotic sac has ruptured.

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.	post op pain	Fetal distress	Bleeding	Umbilical cord complications
What interventions can prevent them from developing?	Administer round the clock Analgesia	Get baby out in timely manner	Fundal rubs	position mom differently
What clinical data/assessments are needed to identify complications early?	Frequent pain assess. & site.	Fetal HR continuously	Monitor for huge blood clots	Continual FHR monitoring
What nursing interventions will the nurse implement if the anticipated complication develops?	Give round the clock meds	prepare for IUR	early ambulation	Quick C-section + prepare IUR

## 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
Cefazolin	Antibiotic	prophylactically prevent any infections	N/V/D	Monitor, Fever, labs, + N/V/D + site
LR	IV Solution	Fluid replacement + electrolyte balance	Fluid overload + electro-imbalance	vital signs of fluid overload - HR, RR, + BP
Terbutaline	bronchodilator	improve airflow making breathing easier	tremors, nervousness + restless	Assess respiratory response + tremors

## 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	Goal/Outcome	Rationale	Expected Outcome
	C-section		
	NO complications + prevent infection		
1. Advocate for patient		1. Mother does not want a C-section	1. get complete consent/benefits
2. Administer Antibiotics		2. to prevent infection	2. NO infections w/ C-section
3. Assess for bleeding		3. To prevent hemorrhage/shock	3. Catch anything early + treat

## 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. Incision care	1. proper care to prevent infections	1. Use of <del>hand</del> soaps + keep site clean + dry
2. Activity restrictions	2. prevent strain to the incision site	2. Avoid strenuous exercise/heavy lifting
3. Signs of complications	3. looking for infection or complications to life	3. redness, swelling, discharge from site or pain

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	↑ 16.5	Infection may be present
Hgb/Hct	↓ 11.8/36.4	possible postpartum anemia
MCHC	↓ 32	extreme blood loss indication
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs result that are concerning to the Nurse?</b>		
Yes the WBC + Hgb/Hct		