

IM6 OB Simulation Patient Preparation Worksheet

RECOGNIZE & ANALYZE CLUES

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

Student Name: Christophine Tsai
 Patient initials: AS Admit Date: 08/11
 Diagnosis: G 1 P 1 AB L M
 EDD: 12 / 21 / Gest. Age: 28 wk.
 Blood Type/Rh: A+ Rubella Status: Immune GBS status: unknown.
 Obstetrical reason for admission: Severe pregnancy HTN. HA, Nausea, abd pain.
 Complication with this or previous pregnancies: BP 160/112, DTR 3+, C/S due to HTN.
 Chronic health conditions: Anemia
 Allergies: NKA
 Priority Body System(s) to Assess: BP, fundus post C/S, lochia.

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
Severe Pregnancy HTN.	<ul style="list-style-type: none"> Late prenatal care, teen pregnancy ↑ risk of HTN. Fluid retention, unable to void post C/S.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Premature, under wt.	<ul style="list-style-type: none"> Under develop.

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.	<ul style="list-style-type: none"> Gestational HTN Hemorrhage Hemorrhage 	Res distress Jaundice IA	SE ⇒ death. ↓ O ₂ , ↓ Res, death	
What interventions can prevent them from developing?	admin Magnesium sulfate ↓ SE risk.	NICU. monitor.	Prepare Calcium Gluconate in case over correct.	
What clinical data/assessments are needed to identify complications early?	BP, lung sound voiding output fundus, Bleed		Notify MD if out < 30ml/hr Res < 10/min.	
What nursing interventions will the nurse implement if the anticipated complication develops?	Serum magnesium level. Q4. SE. precaution. (padded side rail oral airway)			

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
Tylenal	analgesic	pain reliever, fever reducer.	- Stomach pain - Dark urine.	- Watch skin rash, HA, N/V. - report if s/s worsen.
PNV	Vitamin mineral	Provide vitamin/mineral in pregnancy, postnatal period.	- some may hypersensitive to folic acid.	pt teaching. take with meals.
Fe supplement	iron.	replace iron deficiency	- N/V, dizziness - mild itching.	- pt teaching. - watch for allergic reaction.
Magnesium sulfate.	anticonvulsants	↓ muscle & nerve. lower SE risk.	- diarrhea. - upset stomach	- Watch blood serum level Q4 - Prepare calcium gluconate
Carboprost	uterotonic agent	treat severe bleeding control BP.	- cramping - pelvic pain - fever, headache.	- Assess bleeding sign.
Misoprostol	GI agent.	induce cervical ripening treat PP hemorrhage	- diarrhea - Stomach pain	- Assess bleeding sign - Don't mix with antacids

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	Control/monitor BP. Pt safety.	
Goal/Outcome	Prevent SZ. BP back to safe/healthy level. Pt is safe.	
Priority Intervention(s)	Rationale	Expected Outcome
<ol style="list-style-type: none"> 1. Admn Magnesium sulfate 2. SZ precaution 3. Monitor BP/void output Blood serum level. 	<ol style="list-style-type: none"> 1. ↓ SZ risk, ↓ nerve/muscle 2. If SZ happened pt will be safe. 3. To evaluate if the intervention improve pt condition. 	<ol style="list-style-type: none"> 1. HTN won't develop into SZ, stroke. 2. Pt is safe from SZ episode, stroke. 3. Nurse can notify MD if pt condition need interventions.

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?
<ol style="list-style-type: none"> 1. Avoid alcohol, caffeine consume less salt 2. Stay active/exercise. 3. HTN signs/crisis Meds teaching. 	<ol style="list-style-type: none"> 1. Diet is a big element contribute to HTN. 2. Active life style can improve HTN, ↓ stroke risk. 3. Pt can tell what signs should be treat seriously and see a health care professional. 	<ol style="list-style-type: none"> 1. What are healthy meal plan looks like. 2. How to make active daily plan. 3. Anxiety, blur vision, HA. N/v. are sign of HTN crisis want to keep BP < 140.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC ↑	13.5 H.	Maybe sign of infection.
Hgb ↓	10.5 L	Indicate blood loss.
Plt ↓	100 L	Indicate slow blood clot.
Metabolic Panel Labs		
ALT ↑	42	Indicate liver damage
AST ↑	39	Indicate liver damage/disease.
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
		Do DTR test for SZ risk				BP for angiotensin HTN	

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
BP 160/112			DTR 1+ unresponsive.		Bladder 75ml/hr Fundal loc Tone boggy Lochia heavy		

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
unresponsive, Serum Magnesium level 10f Heavy lochia, boggy fundus.	Over correct of Magnesium results neuro ↓. bleeding is not controlled.
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
Neuro assessment DTR +1	regain conscious		
Magnesium level +10	gave antidote		
BP 160	BP 120		

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
Heavy lochia LOC ↓.	Rub fundus. give oxytocin. Stop magnesium sulfate and give calcium gluconate.	bleed controlled. pt neuro back to normal.

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

Situation	Postpartum pt have High BP, Heavy lochia. and loss of conscious.
Background	Pt is 15 yo. have hx of congenital HTN. Had a pre-term 28 wk baby. given Magnesium 2gm/hr.
Assessment	VS = T 97.6, HR 110, R 12, B/P 160/108, O ₂ 96% DTR +1, fundus boggy, y/u. Lochia is heavy. LOC ↓, unresponsive. Magnesium level 10+
Recommendation	Stop magnesium and admin calcium gluconate. ↑ oxytocin, rub the fundus if bleeding still heavy give Carboprost 250mcg.