

IM6 OB Simulation Patient Preparation Worksheet

RECOGNIZE & ANALYZE CLUES

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

Student Name: Hayden CRUZ
 Patient initials: — Admit Date: Today
 Diagnosis: G 3 P 2 ABO L 1 M 0
 EDD: 08 / 10 / XX Gest. Age: 36 3/7 weeks
 Blood Type/Rh: O Negative Rubella Status: Immune GBS status: Negative
 Obstetrical reason for admission: Pregnant at 36 3/7 weeks; Scheduled Induction
 Complication with this or previous pregnancies: Hx of gestational DM; Pre-eclampsia, elevated BP
 Chronic health conditions: Depression
 Allergies: Morphine
 Priority Body System(s) to Assess: Respiratory, 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
<u>Gestational Diabetes & elevated BP; Hx of pre-eclampsia</u>	<u>gestational diabetes occurs when your body cannot make enough insulin during pregnancy. Complications of this is associated with increased risk for pre-eclampsia, cesarian delivery, & type 2 DM in the future</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<u>Fetal death, macrosomia, RDS, hyperbilirubinemia, hypoglycemia, cardiac & congenital defects</u>	<u>because of the extra insulin made by the baby's pancreas, newborns may have very low blood glucose levels at birth and are at higher risk for RDS, jaundice, cognitive impairment & heart defects.</u>

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.	<u>-Hypoglycemia -Hyperglycemia</u>	<u>-Shoulder dystocia -hypoglycemia -Respiratory distress</u>	<u>-Progressive pre-eclampsia -HELLP syndrome -Eclampsia -Post partum hemorrhage</u>	<u>-Cord compression -newborn hypoglycemia</u>
What interventions can prevent them from developing?	<u>-glucose monitoring Q1H</u>	<u>-managing diabetes & weight throughout pregnancy -planned cesarian</u>	<u>-continuous maternal & fetal monitoring -magnesium sulfate -antihypertensives</u>	<u>-vaginal exam as soon as ROM -amnio infusion</u>
What clinical data/assessments are needed to identify complications early?	<u>-S/S of hypoglycemia -glucose monitoring -140</u>	<u>-FHR monitoring -assess for turtle sign</u>	<u>-assess: BP, urine for protein, DTR, Clonus, 140, liver enzymes, platelets, RBCs</u>	<u>-FHR monitoring -vaginal exams -recognize early risk factors fetal station</u>
What nursing interventions will the nurse implement if the anticipated complication develops?	<u>-Hypo: have D50 readily available -Hyper: insulin therapy</u>	<u>-McRobert's maneuver with supra pubic pressure -stop surgical delivery</u>	<u>-lateral position -magnesium sulfate -antihypertensives -resuscitation equip. at bedside -O2</u>	<u>-hold presenting part off cord until delivery -emergency cesarian prepare for newborn resuscitation</u>

-Calcium gluconate
-FHR monitoring
-Suction equip. ready
-sid rails padded

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	uterotonic agent	Oxytocin is a hormone that can cause & strengthen contractions, and also control bleeding	-nausea/vomiting -dizziness	-continuous fetal monitoring -monitor VS -monitor I&O
meperidine	narcotic analgesic	used to treat moderate to severe pain	-lightheadedness, dizziness, sedation, nausea/vomiting	-monitor BP, HR, & RR -teach that use in labor can cause sedation & RDS in newborn
promethazine	antihistamine phenothiazide anticholinergics	works by blocking substances in the body that may cause nausea & vomiting	-drowsiness, confusion, dry mouth, double vision	-monitor BP, HR & RR, esp. when given with drugs that cause CNS depression
terbutaline	Beta-2 adrenergic agonist	Used to slow contractions & prevent premature labor	-can cause tachycardia cardiac arrhythmias high blood sugar, pulmonary edema	-watch for ↑ HR & ↑ RR, ↑ blood glucose, as this is a side effect for patients with gestational diabetes
Humalog Insulin	insulin	fast acting insulin that is used to control bloodsugar	-can cause hypo- glycemia -injection site reaction swelling & itching	-monitor blood glucose -note that during labor, the need for insulin is usually decreased

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	Assessing & Monitoring for potential Complications	
Goal/Outcome	The client will deliver the infant vaginally without complications.	
Priority Intervention(s)	Rationale	Expected Outcome
1. Maternal assessment - Blood pressure, glucose, & symptoms	1. continuous monitoring of blood pressure, glucose, & symptoms will help identify worsening preeclampsia & hypotension	1. Blood pressure & glucose will be maintained throughout labor & delivery
2. fetal assessment/ continuous fetal monitoring	2. continuous monitoring will help early identification of fetal distress	2. FHR will be maintained & stable throughout labor & delivery
3. education & counseling	3. providing education & counseling about potential complications associated with gdm will help prepare patient for any scenario that may arise.	3. Patient & family will be well informed on the plan of care & implications if any complications arise.

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. Teach patient signs & symptoms to watch out for related to hypertension postpartum.	1. Postpartum education on preeclampsia sis is vital! Making sure pt. knows what to look out for is crucial for wellbeing.	1. Teach pt. to monitor for visual disturbances, protein in urine, blood pressure, and routine labs to prevent complications.
2. Teach about ways to prevent gdm from progressing into T2DM	2. continuing postpartum care, maintaining a normal weight, having healthy eating habits & exercising regularly may help to avoid developing T2DM	2. Help patient with diet & exercise plan, as well as scheduling postpartum follow ups, and giving them local resources for new moms to stay active.
3. Explain significance of breastfeeding for gdm patients during the postpartum period	3. Breastfeeding improves weight & glucose tolerance	3. Establish patient's ability & willingness to breastfeed, as well as teach on the health & cost incentives of breastfeeding.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
White Blood Cells (WBCs)	18.5 ↑	Indication of infection
Metabolic Panel Labs		
Glucose	148 ↑	Possible complications w/ fetal hypoglycemia
ALT & AST	36/38 ↑	Elevated liver enzymes are a red flag w/ Hx of preeclampsia
Are there any Labs result that are concerning to the Nurse?		
The labs listed above are non-reassuring, although RBCs & platelets are at a normal level, they have previously trended down. Monitoring for HELLP syndrome is crucial.		