IM6 OB Simulation Patient Preparation Worksheet

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

Student Name: _Meredith Huber_____

Patient initials: _SR_____   Admit Date: _____

Diagnosis: _G 1_____ P 0____ AB 0_ L 0____ M_0_____
EDD: ___12_/__9___/ XX_____   Gest. Age: _36 weeks_____
Blood Type/Rh: _O Positive_____   Rubella Status: __Immune_____   GBS status: Negative_____
Obstetrical reason for admission: _Active labor_____
Complication with this or previous pregnancies: breech_____
Chronic health conditions:_N/A_____
Allergies: _NKDA_____
Priority Body System(s) to Assess: _fetal monitoring and Leopold's_____ _____

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
Breech	Baby is positioned with the head at the top and the feet or butt coming out first.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Baby's head may come out last, may be entrapped.	The umbilical cord may become compressed, or the head may be trapped if the cervix clamps around neck.

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.	Chorioamnionitis	Without c-section, head could be the last part to be born – umbilical cord compression, head could become entrapped if cervix clamps around neck	Hemorrhage	Cord prolapse
What interventions can prevent them from developing?	Wash hands before/after contact with pt, check temperature q2hrs after ROM, hourly for fever, keep under pads dry and limit	C-section	Nothing	Nothing

	vaginal exams, maintain aseptic technique			
What clinical data/assessments are needed to identify complications early?	WBCs, temperature, odorous fluid from cervical os	Reading the fetal heart monitoring strip	Fundus, checking and weighing pads, BP down, HR up, H&H, WBC, temperature	Reading the fetal heart monitoring strip for sustained bradycardia, variable decels, or prolonged decels, vaginal exam
What nursing interventions will the nurse implement if the anticipated complication develops?	Antibiotic therapy initiated before or after birth when infection identified, Assess maternal pulse, respirations, and BP hourly if fever present	Turn pt to left lateral position, stop oxytocin, IV fluid bolus 500 ml, O2 10 L/min non-rebreather mask, notify provider	Fundal massage, large bore IV, O2 8-10 L/min, pain meds, administer oxytocin	Call for help, push up lifting the presenting part off the cord with gloved fingers, stop oxytocin infusion, oxygen 10 L/min by non-rebreather, give terbutaline SQ to decrease contractions

Surgery or Invasive Procedures -

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

Procedure
A cesarean section is when the baby is delivered through an incision in the abdomen instead of through the vagina.

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.	Infection	Transient tachypnea	Hemorrhage	Lung immaturity
What interventions can prevent them from developing?	Proper site care, hand washing, proper sterile procedures	Nothing	Nothing	Surfactant
What clinical data/assessments are needed to identify complications early?	WBC, temperature, site pain, tenderness, warmth, redness, drainage	Prompt listening to baby after delivery	Fundus, checking and weighing pads, BP down, HR up, H&H, WBC, temperature	Amniocentesis for L/S ratio prior to birth, respiratory assessment at birth
What nursing interventions will the nurse implement if the anticipated complication develops?	Get labs and culture as ordered, give analgesics and antibiotics as ordered	Suction	Fundal massage, large bore IV, O2 8-10 L/min, pain meds, administer oxytocin	Surfactant replacement, high flow O2

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
Terbutaline	Tocolytics	It slows contractions by relaxing the smooth muscle of the uterus.	Nervousness, headache, somnolence, dizziness, nausea, tachycardia	Check maternal HR, fetal HR
Cefazolin	Antibiotic	It prevents infection by stopping bacteria from making cell walls, thus stopping their growth.	Diarrhea, rash, n/v, abdominal pain, headache, C-diff	Report if notice itching or rash around the IV site – s/s of allergic reaction,

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	Keep mom comfortable or tolerating labor
Goal/Outcome	Mom feels prepared going into c-section

Priority Intervention(s)	Rationale	Expected Outcome
1. Monitor fetal heart rate	1. Breech baby could have cord prolapse and FHR indicates how baby is doing	1. Prompt intervention for non-reassuring fetal heart tones
2. Leopold's	2. Make sure baby is still breech	2. Breech presentation
3. Educate and reassure about c-section	3. C-section is scary for patients who don't know what to expect.	3. Mom feels prepared and knows what to expect

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. After c-section, don't lift anything heavier than the baby, short walks are recommended, avoid strenuous activity, and take pain meds as ordered	1. Don't lift or do heavy activity to heal, short walks to avoid thromboembolism, take pain meds as ordered to prevent breakthrough pain in the beginning	1. Teach back
2. Watch for s/s of infection on incision – redness, tenderness, warmth, drainage, fever	2. These are signs of infection that the patient should report so that they can be treated.	2. Teach back and provide paper instructions
3. Report soaking more than a pad an hour, large clots, incision that isn't healing, red or swollen leg that is painful or warm to touch, temperature of 100.4 or more, headache that doesn't get better even with medicine or headache with vision changes	3. These are post-birth warning signs of hemorrhage, thromboembolism, infection and postpartum preeclampsia.	3. Teach back and provide paper instructions

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	15.5	Infection

4

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