

OB Simulation Patient Preparation Worksheet

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

Student Name: Kate Lynn Kelley Admit Date: 4/02/24
 Patient initials: A.S G1 P1 AB0 LAM O EDD: 12/21/XX Gest. Age: 28 wks
 Blood Type/Rh: A+ Rubella Status: Immune GBS status: Unknown
 Obstetrical reason for admission: PP Preeclampsia, C Section @ 28 wks
 Complication with this or previous pregnancies: Unknown pregnancy, preeclampsia
 Chronic health conditions: Anemia
 Allergies: Seasonal, I/K/D/A
 Priority Body System(s) to Assess: Cardiac, Abdominal since post birth

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical/obstetrical problem?

State the pathophysiology of this problem in your own words.

Complete the medical/obstetrical problem & fetal implications section for any pregnant patient.

Complete the medical/obstetrical problem for any postpartum patient.

Complete the newborn implications for any newborn infant.

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
Postpartum Preeclampsia	high blood pressure ≥ 20 wks pregnant and if left untreated can cause kidney damage.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications

Problem Recognition

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely Maternal	Worst Possible Maternal	Most Likely Fetal	Worst Possible Fetal
Identify the most likely and worst possible complications.	HELLP syndrome Pulmonary edema	Stroke Thromboembolism Preeclampsia		
What interventions can prevent them from developing?	Regular prenatal care, monitor bp/VS	Stroke: healthy diet : exercise Thrombo: walk around 1-2 hrs preeclampsia: prenatal care		
What clinical data/assessments are needed to identify complications early?	Blood tests Lung assessment Edema Assessment	CT Scan, blood tests, vascular VS, VS, skin assessment		
What nursing interventions will the nurse implement if the anticipated complication develops?	bp Meds, blood transfusion, diuretics, morphine	TPA, angioplasty, stents, anti coagulation, thrombolytics, anti-hypertensives, MgSO ₄ sulfate		

Surgery or Invasive Procedures - If this does not apply to your patient leave blank

Describe the procedure in your own words.

Procedure

Surgery/Procedures Problem Recognition - Leave blank if this does not apply

To prevent a complication based on the procedure, answer each question in the table below.

Question	Most Likely Maternal	Worst Possible Maternal	Most Likely Fetal	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
Oxycodone	Oxytocics	Stimulates contractions in the uterus to help progress labor; prevent a PP bleed.	Hypotension bradycardia constipation sedation	BP, assessing lochia, watch for S/S of water intoxic: drowsiness, irritability, confusion, nausea, anuria
Morphine	opioid agonists	decreases pain in the body	hypotension bradycardia constipation sedation	Assess VS often, educate pt to call before getting up, Pain assessment
Magnesium Sulfate	minerals/ electrolytes	Smooth muscle relaxant	drowsiness bradycardia hypotension flushing, sweating	Monitor VS (BP, hr, respirations), monitor neuro status; initiate seizure precautions, monitor T ₂₀ , Labs; watch mag level

Nursing Management of Care

- 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	Continue to lower the bp and monitor mom for complications	
Goal/Outcome	Lower bp: help promote bonding w/ baby even though baby is in NICU	
Priority Intervention(s)	Rationale	Expected Outcome
1. Reassess bp & other vitals	1. To see if bp may have gone down & make sure there are not any other complications forming	1. If bp is still high ask for a bp med to lower it. If okay continue to monitor. If low assess for a possible bleed
2. Neuro assessment	2. To make sure there is no change in neuro status as baby is being given to prevent seizures	2. Have a normal neuro assessment. If abnormal notify MD of changes.
3. Massage fundus? assess to make sure there is not a risk of hemorrhage	3. Assessing the fundus to make sure the mom isn't having a post partum hemorrhage	3. If excessive lochia w/ big clots & boggy fundus, notify MD. If fundus is firm, continue to monitor.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	4.70	low RBCs due to anemia
Platelets	100	may have issues preventing bleeding
MCH	26	iron-deficiency anemia
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
The platelets being low mean there is a higher risk for a hemorrhage as the mom will have issues clotting blood.		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
BP HR	Auscultating lungs	Monitor for seizures		Fundus lochia	Edema assessment	BP HR Temp	