

OB Simulation Patient Preparation Worksheet

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

Student Name: Eric Andrade Admit Date: 4/16/24
 Patient initials: SR G 1 P 0 AB L M EDD: 12 / 08 / 24 Gest. Age: 36
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: Neg.
 Obstetrical reason for admission: Rt status "I think my water broke a couple hours ago!"
 Complication with this or previous pregnancies: Preterm presentation at 34 weeks
 Chronic health conditions:
 Allergies: NKDA
 Priority Body System(s) to Assess: Leopold Maneuver, Dilation checks, FHR.

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
<u>Preterm pregnancy</u>	<u>The bottom of the baby is set to come out first.</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<u>Umbilical cord can be compromised</u>	<u>This can cause a lack of O₂ to the baby causing severe problems.</u>

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.	<ul style="list-style-type: none">• Longer labor	<ul style="list-style-type: none">• uterine rupture	<ul style="list-style-type: none">• having a tough time getting through the birth canal.	<ul style="list-style-type: none">• Cord prolapse
What interventions can prevent them from developing?	<ul style="list-style-type: none">• turn the baby• Ultra sounds	<ul style="list-style-type: none">• Prone of the umbilical cord.	<ul style="list-style-type: none">• C-section• Try to turn the baby	<ul style="list-style-type: none">• To help mom take pressure off the cord.
What clinical data/assessments are needed to identify complications early?	<ul style="list-style-type: none">• Watch for FHR• Moms VS• Position of the baby.	<ul style="list-style-type: none">• Ultra sound	<ul style="list-style-type: none">• FHR• position• amniotic fluids• Ultra sound	<ul style="list-style-type: none">• Watching the FHR
What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none">• Educating mom on what needs to be done / next step.• Making mom feel comfort.	<ul style="list-style-type: none">• opt ready for c-section	<ul style="list-style-type: none">• Changing moms position• O₂	<ul style="list-style-type: none">• giving the mom O₂• help to relieve pressure

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

Describe the procedure in your own words.

Procedure
C-section will need to be done, baby is breeched & water was broken.

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.	• Infection	Hemorrhaging	• trouble breathing	• Fetal distress
What interventions can prevent them from developing?	Using Abr & f/p surgery	Oxytocin to help the uterus contract	• Steroid injection Pre delivery	• Continuous fetal monitoring
What clinical data/assessments are needed to identify complications early?	• VS • Temp • HR • B/P • Incision sight • Blood test	• watching for B/P • HR • Check the amount of bleeding	• Check RR • O ₂ levels • Watch for irreg. Breaths	• Checking FHR
What nursing interventions will the nurse implement if the anticipated complication develops?	• give abr. • manage pain • Teach about S/S	• monitoring VS • Give IV fluids • blood transfusion • Keep the Dr. updated	• Clear the airway	• Resp Support • keeping the baby warm • stabilize

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	Given \bar{a} or \bar{p} surgery to prevent infections	• N $\frac{1}{2}$ V • H/A	• Notify HCP if upper stomach pains • Notify HCP if onset or worsening of the skin. • Notify HCP asap if short of breath, unusual bleeding.

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	Keeping Mom & Baby safe	
Goal/Outcome	Having a successful delivery.	
Priority Intervention(s)	Rationale	Expected Outcome
1. Scheduling a C-section if needed.	1. To avoid further complications during delivery.	1. A safer delivery, to reduce risks.
2. Monitoring mom & baby	2. To catch post-op complications • Baby adaptation to the outside world.	2. Recover well & no complications.
3. Watch for S&S of Infection	3. To ensure a great recovery p birth.	3. Spotting signs of infection for early tr.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	15.5 H	4.8 - 10.8
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
WBC are high, sign for infection		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	R 18		• N 1/2 U		T-100.2		O ₂ - 97% RA FHR - 120