

# OB Simulation Patient Preparation Worksheet

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

Student Name: Shelby Alexander Admit Date: \_\_\_\_\_  
 Patient initials: CW G3P2ABOLIM O EDD: 08/10/24 Gest. Age: 38, 3/7 weeks  
 Blood Type/Rh: O- Rubella Status: immune GBS status: -  
 Obstetrical reason for admission: induction of labor  
 Complication with this or previous pregnancies: stillborn, bed rest, diabetes, PPD  
 Chronic health conditions: pre-eclampsia, gestational diabetes  
 Allergies: Morphine, full code  
 Priority Body System(s) to Assess: neuro, cardiac, BP, pain, glucose

*Xglucose, WBC are high*

## 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>preeclampsia, diabetes</u>	<u>spiral arteries of placenta causes HTN, may be related to diabetes diagnosis (high glucose &amp; high BP)</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<u>high risk</u>	<u>- low oxygenation, hypoglycemia upon birth</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.	<u>high BG</u>	<u>DKA</u>	<u>hypoglycemia</u>	<u>death</u>
What interventions can prevent them from developing?	<u>check BG, AC, bedtime, PLN</u>	<u>insulin, volume replacement</u>	<u>check BG regularly</u>	<u>do newborn, screenings, have NICU ready</u>
What clinical data/assessments are needed to identify complications early?	<u>- high BG - flushed, thirsty - N/V, H/A - fruity breath</u>	<u>- confusion (lourer) - fluid retention (bun, lungs)</u>	<u>- jittery, blue breathing down, low temp</u>	<u>- seizures, apnea</u>
What nursing interventions will the nurse implement if the anticipated complication develops?	<u>- give insulin</u>	<u>- give insulin correct ket, intubate</u>	<u>- give glucose &amp; immediate feeding</u>	<u>- start resuscitation, get NICU team</u>

## 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
Oxytocin	hormone	induces labor by stimulating contractions	N/V, uterine tightness	- check fundus - check cervix, GL, GV
Meperidine	opioid	- turn on receptors that block pain signals	- resp depression - syncope	- check RR, lungs - if getting up, go slowly * can be addictive
Promethazine	antihistamic	- blocks histamine receptors to lower inflammation	- drowsy, dizzy	- get up slowly - let pt know what vision - VS

## 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.

<b>Nursing Priority</b>	maintain BP	
<b>Goal/Outcome</b>	maintain BP under 140/90	
<b>Priority Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. take BP	1. assess for prehypertension S/S (HTA, blurry spots, etc.)	1. BP will lower
2. maintain bedrest	2. to keep BP under control	2. BP will lower
3. control BG, check BG (S/S of DKA)	3. BG rising can cause increase in BP adversely	3. BG will lower and BP will lower

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	18.5 (high)	could indicate infection, high BG
<b>Metabolic Panel Labs</b>		
ALT	36 (high)	could be related to high BP, diuretics
AST	38 (high)	could signal body's shutting down
<b>Are there any Labs results that are concerning to the Nurse?</b>		
glucose - 148		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
✓	✓ due to opioids	✓ prehypertension		✓ saltwater issues		✓ *BP a priority	- check fHR, nails