

OB Simulation Patient Preparation Worksheet

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

Student Name: Kristen Gustafson _____ Admit Date: April 22 _____
 Patient initials: AS G 1 P 0 AB L M EDD: 12.21.xx Gest. Age: 28
 Blood Type/Rh: A+ Rubella Status: Immune GBS status: unkn/neg.
 Obstetrical reason for admission: Preeclampsia _____
 Complication with this or previous pregnancies: unknown pregnancy/ late prenatal care_ _____
 Chronic health conditions: Anemia _____
 Allergies: NKDA _____
 Priority Body System(s) to Assess: _____
 Neuro/lungs/peripheral neurovascular _____

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
Preeclampsia	Pregnancy induced
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Premature Birth	Lack of oxygen and nutrients / risk for mother

Problem Recognition

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

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

Describe the procedure in your own words.

Procedure
C-section, delivery 28 weeks

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
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Identify the most likely and worst possible complications.	Pain/Infection	Sepsis Hemorrhage	RDS	Infection
What interventions can prevent them from developing?	Medication	Care plan Monitor Vitals	Lung support	Aseptic technique Hand hygiene
What clinical data/assessments are needed to identify complications early?	Temp / WBC Med Admin on schedule	CBC	Apgar score	CBC Decrease urination
What nursing interventions will the nurse implement if the anticipated complication develops?	Stronger antibiotics culture	Assess amount of blood loss	Vent support	High dose antibiotics

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
Mag Sulfate	Anti-Dysrhythmic	Prevent / control seizures due to preeclampsia	Headache, nausea Magnesium Toxicity	Monitor Vitals Watch for confusion, dizziness Deep tendon reflexes
Morphine	Opiate analgesic	Relieve severe acute pain	Drowsiness Constipation	Monitor O2 Gi assessments
Misoprostol	Synthetic prostaglandin E1 analog	Reduces stomach acid / helps control post-partum hemorrhage	Abdominal pain Chills Nausea	monitor. Labs

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	Med Admin / Assessments and vitals
Goal/Outcome	Patient recovery and stabilize BP

Priority Intervention(s)	Rationale	Expected Outcome
1. Hemorrhaging	1. Internal bleeding due to c-section complications	1. No bleeding / patient recovers
2. Monitor Vitals and DTR	2. Magnesium Sulfate toxicity	2. Stop Mag sulfate if symptoms of toxicity occur.
3.	3.	3.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	13.5	High / Infection/inflammation
RBC	4.0	Anemia / blood loss
Platelets	100	Bleeding high risk
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
WBC and monitor RBC		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Deep tendon reflexes	Monitor o2 and lungs	Seizure precautions			Incision/dressing	BP	

This Section is to be completed in the Sim center- do not complete before!

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
161/110		11	Unconscious		Bladder- 20 ml./hr Fundal loc - umbilicus Fundus - boggy Lochia- heavy		
Time:		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other

EVALUATION of OUTCOMES - Complete this section 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
Decreased urine output, resp rate and DTR	Magnesium Sulfate toxicity
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
Neuro	Regained consciousness		
Fundus	Firmed up		
Lochia	Heavy to moderate		

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
Improved	Monitor fundus, magnesium level and blood pressure	Patient should continue to heal from c/s and blood pressure return to normal.

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> Name/age. Ashley Smith 15yo G 1 P 1 AB L 1 EDB 12 /21 / xx Est. Gest. Wks.: 28 Reason for admission Severe Preeclampsia
Background
<ul style="list-style-type: none"> Primary problem/diagnosis High Blood Pressure Most important obstetrical history No prenatal care Most important past medical history Ashtha Most important background data
Assessment
<ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs RR 11 Assessment low urine output Diagnostics/lab values HELLP syndrome <i>Trend of most important clinical data (stable - increasing/decreasing) decreasing / mag toxicity symptoms</i> Patient/Family birthing plan? na How have you advanced the plan of care? Fixed med error and dc mag sulfate Patient response improving after dc of magnesium sulfate Status (stable/unstable/worsening) stable
Recommendation
<ul style="list-style-type: none"> Suggestions for plan of care Continue to monitor fundus/lochia and blood pressure

O2 therapy : NA_____

IV siteL left ac_____

IV Maintenance : maintenance_____

IV Drips : oxytocin 80 ml/hr_____

Anesthesia Local / Epidural / Spinal / **General**

Episiotomy _____ Treatment _____

Incision transverse Dressing: moderate _____

Fundus Location at umbilicus Firm / Boggy _____

Pain Score _____ Treatment _____

Fall Risk/Safety Yes / seizure precautions

Diet normal _____

Last Void foley Last BM _____

Intake _____ Output: 20 ml/ hr

Notes:

Empty box for notes.