

OB Simulation Patient Preparation Worksheet

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

Student Name: Gabrielle Angela Uy Admit Date: _____
 Patient initials: A.S. G P AB L M EDD: 12/21/XX Gest. Age: 28 wks
 Blood Type/Rh: A+ Rubella Status: Immune GBS status: _____
 Obstetrical reason for admission: severe pregnancy induced HTN
 Complication with this or previous pregnancies: increasing BP, hyperreflexive, clonus
 Chronic health conditions: N/A
 Allergies: NKDA
 Priority Body System(s) to Assess: uterus/fundus

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
Pregnancy induced hypertension → HELLP Syndrome	<ul style="list-style-type: none"> ↓ RBC, ↑ ALT + ALP, ↓ Platelets 160/112 + 160/108, ↓ urine output, severe HA, crackles in lungs, hyperreflexia + clonus, abd pain
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Placenta abruption, Preterm birth, fetal death	<ul style="list-style-type: none"> twisted spiral arteries causes baby to not get good perfusion or placenta tearing off from excessive vasoconstriction

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.	Grand mal seizure	Maternal death	Preterm birth	Fetal death
What interventions can prevent them from developing?	<ul style="list-style-type: none"> ↓ stimulation close monitor lateral position 	<ul style="list-style-type: none"> evaluate for S/S shock magnesium 	<ul style="list-style-type: none"> bedrest + continuous fetal monitor 	<ul style="list-style-type: none"> administer corticosteroids + delay birth
What clinical data/assessments are needed to identify complications early?	severe HA, epigastric pain, hyperreflexia, clonus, N/V, ↓ urine output, visual disturb	epigastric pain, lower chest pain, malaise, N/V	<ul style="list-style-type: none"> fetal heart rate monitor contraction monitor ROM test 	<ul style="list-style-type: none"> fetal heart rate monitor
What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none"> prevent injury, protect airway left lateral side suction 	<ul style="list-style-type: none"> calling physician + notifying getting ready for emergency C/S 	<ul style="list-style-type: none"> delay birth if possible contact NICU team 	<ul style="list-style-type: none"> preparing + notifying phys of emergency C/S implement IUR.

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

Describe the procedure in your own words.

Procedure
C-section due to increasing BP.

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.	Grand mal seizure	Postpartum Hemorrhage		
What interventions can prevent them from developing?	<ul style="list-style-type: none"> • ↓ stimuli • admin Magnesium 	<ul style="list-style-type: none"> • monitor blood loss • monitor VS 		
What clinical data/assessments are needed to identify complications early?	<ul style="list-style-type: none"> • severe HA, drowsy • severe epigastric pain • hyperreflexia • visual disturb. 	<ul style="list-style-type: none"> • ↓ BP, ↑ HR • assess fundus • blood loss 		
What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none"> • pad side rails • prevent injury • airway • left side 	<ul style="list-style-type: none"> • fundal rub • O₂ 8-10L/min • notify phy • oxytocin 		

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	Gynecologic bleeding	• ↑ force, freq, + duration of contractions to control bleeding	dysrhythmias, BP changes, water intor., uterine rupture	<ul style="list-style-type: none"> • monitor VS, I+O, lung sounds • VS + lung sounds b/c of water intor
Morphine	Opioids	• controlling the pain by depressing the CNS.	• somnolence, constipation, N/V, dizzy, hypotension	• monitor VS, I+O, assist w/ getting up
Magnesium sulfate	antiarrhythmic/ anticonvulsant	• depresses CNS irritability + relaxes smooth muscle	• hypotension, depress reflex, drowsiness, flushing	<ul style="list-style-type: none"> • monitor VS, LOC, DTR • bleeding, ↓ output • monitor serum levels
Calcium Gluconate	calcium disorders	• antidote to mag. toxicity	• hypercalcemia, hypomagnesemia, hypercalciuria, fatal arrhythmia	• monitor serum levels • cardiac monitoring
Carboprost	gynecologic bleeding	• stimulates uterine muscle to contract	HA, N/V/D, fever, tachycardia, HTN, pulmonary edema	• monitor VS, vaginal bleeding, + uterine tone
Misoprostol	Prostaglandin	• stimulates uterine muscle to contract	HA, N/V/D, fever, tachycardia, HTN, pulmon. edema	• monitor VS, vaginal bleeding, + uterine tone

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	Post partum Hemorrhage	
Goal/Outcome	Firm fundus, ↓ lochia amount	
Priority Intervention(s)	Rationale	Expected Outcome
1. Fundal massage	1. To help make the uterus firm/ assess if it doesn't	1. Uterus is firm w/massage at least or firm by itself.
2. Monitor H+H + VS	2. To see any signs of hemorrhage in ↓ of H+H. Shock is also reflected in ↓ BP & ↑ HR.	2. Catch the signs of PPH before they reach a cellular level.
3. ↑ oxytocin rate	3. Written in the orders for boggy uterus + abnormal bleeding. To ↑ contractions to control bleeding	3. To ↓ the amt of bleeding

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC ↑	13.5	Indicator of a potential infection
RBC ↓	4.0	Indicates there's not enough for body + blood loss.
Platelets ↓	100	Indicate low clotting factor, making it harder to stop a bleed
Metabolic Panel Labs		
ALT ↑	42	Shows that liver is in dysfunction
ALP ↑	39	Shows that liver is in dysfunction
Are there any Labs results that are concerning to the Nurse?		
GBS status is unknown		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
• monitor for any tachycardia - esp if > 110 bpm	• count RR • ausc. lungs	• LOC • check DTR • check for HA or visual disturbs.	• epigastric pain	• check I+O • monitor lochia amt • check fundus	• check for edema	• BP • HR • temp • > 101 F	• check Mg level