OB Simulation Patient Preparation Worksheet

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

Student Name: Hannah Mullen Admit Date:
Patient initials: SR   G 1 P 0 AB 0 L 0 M 0 EDD: 12/8/XX Gest. Age: 36 weeks
Blood Type/Rh: positive Rubella Status: immune GBS status: negative
Obstetrical reason for admission: Breech status at 36 weeks
Complication with this or previous pregnancies: N/A
Chronic health conditions: N/A
Allergies: NKDA
Priority Body System(s) to Assess: Vaginal, fetal position, fetal heart rate

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
Breech presentation at 34 weeks	Complete, frank, and incomplete presentation. Premature labor may also cause breech presentation.

Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Breech presentation	Same as medical/obstetrical problem pathophysiology

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.	Infection	Death of mother during cesarean section. Hemorrhage, infection, injury to organs, venous thromboembolism	Cord prolapse	Baby getting stuck in the birth canal. May cause injury, death, or umbilical cord prolapse
What interventions can prevent them from developing?	Prophylaxis antibiotics, C&S	Early ambulation & adequate hydration (venous thromboembolism), massage the fundus & oxytocin (PPH), prophylaxis	Monitor fetal presentation and FHR. Cesarean section to prevent getting stuck in birth canal. Terbutaline to prevent	Monitor fetal presentation and FHR. Cesarean section to prevent getting stuck in birth canal. Terbutaline to prevent

		antibiotics	contractions.	contractions.
What clinical data/assessments are needed to identify complications early?	CBC, C&S, monitor VS	Maternal vital signs and vaginal blood lost & lochia postpartum. Palpate uterine tone. CBC	Vaginal exam	FHR and fetal presentation
What nursing interventions will the nurse implement if the anticipated complication develops?	Monitor VS and urine output, blood transfusion, IV fluids, prepare patient for surgery. Antibiotics. Encourage early ambulation and hydration. Assess surgical site	Monitor VS and urine output, blood transfusion, IV fluids, prepare patient for surgery. Antibiotics. Encourage early ambulation and hydration. Assess surgical site	Lift presenting part off of the umbilical cord	Increase IV fluid rate, administer O2, discontinue oxytocin. Lift presenting part off of umbilical cord.

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

Describe the procedure in your *own* words.

Procedure
Cesarean section is the delivery of the baby through surgery, the baby will be removed through an incision in the mother's abdomen and uterus.

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.	Post-partum hemorrhage	Death of mother during cesarean section. Hemorrhage, infection, injury to organs, venous thromboembolism	Respiratory distress	Respiratory distress. Infant death. Birth trauma
What interventions can prevent them from developing?	Oxytocin after birth. Rub the fundus and monitor lochia	Rub the fundus and monitor lochia. Early ambulation. Prophylaxis antibiotics	Admin corticosteroids before c-section	Admin of corticosteroids prior to birth. Doctor performing the surgery correct will prevent some birth trauma
What clinical data/assessments are needed to identify complications early?	VS, blood loss during and after birth, uterine tone, fundus assessment (location, boggy/firm)	Maternal vital signs and vaginal blood lost & lochia postpartum. Palpate uterine tone. CBC and C&S if needed	Infant VS	Infant vital signs and newborn assessment. FHR/contractions
What nursing interventions will the nurse implement if the anticipated complication develops?	Rub the fundus, increase oxytocin, admin blood products if ordered, assess neurological and cardiac status	Monitor VS and urine output, blood transfusion, IV fluids, prepare patient for surgery. Antibiotics. Encourage early ambulation and hydration. Assess surgical site	Raise head of the bed, blow-by oxygen, surfactant if needed, suction airway	Admin surfactant and O2. Administer corticosteroids before birth. Suction airway as needed. Raise the head of the bed. Resuscitation if fetal demise; assess mother & family for grief and post-partum depression if demise occurs

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
Lactated Ringers	Intravenous fluids (Isotonic)	Replace fluid and electrolytes. Replace low blood volume	Pain at injection site, phlebitis, decreased HR, decreased urine output, dyspnea, stomach pain	1. Observe for hypervolemia 2. Assess vital signs before and during administration 3. Monitor F&E levels – especially sodium and potassium
Terbutaline	Tocolytic	Preventions or slows down contractions	Nervousness, restlessness, tremor, N/V, hypoglycemia	1. Monitor maternal vital signs 2. Monitor frequency & intensity of contractions 3. Monitor mother & infant for hypoglycemia
Cefazolin	Antibiotics	Prevents growth of bacteria or kills bacteria	Pain or phlebitis at IV sit, rash, N/V/D, C. diff	1. Assess VS and cultures for infection 2. Obtain drug allergies to penicillin & cephalosporins 3. Monitor N/V/D 4. Monitor hydration status 5. Assess GI system

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 Goal/Outcome	Fetal Heart Rate and Fetal Position	
Priority Intervention(s)	**Rationale**	**Expected Outcome**
1. Measure fetal heart rate	1. Bradycardia may indicate cord prolapse, oxygenation, and/or changes in conditions in uterus	1. Preferably 110-160 bpm; cord prolapse and uterus changes are not expected

2. Measure contractions	2. Determine variations in FHR, also indicates fetal oxygenation	2. Preferably normal variability
3. Assess fetal position	3. Can help determine difficulties that may appear during c-section and complications in fetus.	3. More than likely still in breech position

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
HCT HGB Platelet	35.4 11.8 278	HCT: proportion of RBCs in CBC HGB: identify anemia and O2 transportation Platelets: shows how well patient's blood will clot
WBC RBC	15.5 4.6	WBC: May show infection RBC: diagnose anemia, amount of RBCs
MCV MCH MCHC RDW MPV	83 31 32 12,8 8.6	MCV: size of RBCs MCH: amount of hgb in an individual RBC MCHC: amount of hgb in relation to RBC size RDW: how varied RBCs are in size and volume MPV: size of platelets
Metabolic Panel Labs		
K Na Cl Ca CO2 Creatinine BUN	4.2 140 100 9.2 25 0.9 8	K: potassium levels, heart function Na: sodium levels, neurological function Cl: chloride levels Ca: calcium levels, bone health, muscle contraction CO2: carbon dioxide levels Creatine: kidney function BUN: kidney function
Glucose Albumin Total protein Alkaline phosphatase ALT AST Total bilirubin	104 3.8 6.7 28 32 22 0.5	Glucose: hyperglycemia or hypoglycemia Albumin: intravascular oncotic pressure, transportation of substances Total protein: albumin and globulin levels Alkaline phosphatase: bone and liver function ALT: liver function AST: liver function Total bilirubin: liver function
Are there any Labs results that are concerning to the Nurse?		
WBC, Hgb, Hct, MCHC		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
						Temp: 100.2 HR: 92 RR: 18 BP: 134/78 O2: 97% FHR: 120 with moderate variability & accelerations	Vaginal: 3 cm/90%/ -1 Nitrazine positive Leaking clear fluid Fetal presentation FHR Contractions q 3-4 min, lasting 60-70 seconds

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. q 3-4 min Dur. 60-70 seconds Str.	Dil. 3 cm Eff. 90% Sta. -1 Prest. Breech BOW: a couple of hours before admission	FHR: 120 Var.: moderate Accel.: present Decel.: late TX.: decrease oxytocin, oxygen, turned to left lateral side, LR bolus	**Stage 1 (progressed to stage 2)**	**General anesthesia**	**Anxious**	**Cord prolapse**

Time:	Focused Postpartum Assessment						
VS	**CV**	**Resp**	**Neuro**	**GI**	**GU/Fundal**	**Skin**	**Other**
					Bladder Fundal loc Tone Lochia		

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
Anxiety about C-section	Mother would be unwilling to get a c-section if anxiety had not improved.
Most Important Fetal Assessment Findings	**Clinical Significance**
Cord prolapse	Can lead to fetal demise or disabilities. Decreased fetal circulation

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**
Anxiety	X		
Cord prolapse	X		
Baby circulation	X		

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

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Improved		

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age
- G:1   P: 1   AB: 0   L: 1   EDB   12 /8/XX   Est. Gest. Wks.: 36
- Reason for admission: SROM, contracting, breech presentation

Background

- Primary problem/diagnosis: cord prolapse
- Most important obstetrical history: no previous history, in current pregnancy there is a history of breech presentation. Recent: patient "woke up contraction and had a gush of fluid."
- Most important past medical history: no important past medical history
- Most important background data: patient is 36 weeks pregnant with a fetal breech presentation

Assessment

- Most important clinical data:
    - Vital signs: Temp: 100.2, HR: 92, RR: 16, BP: 134/78, O2: 97% RA, FHR 120
    - Assessment: breech presentation and prolapsed cord
    - Diagnostics/lab values: WBC- 15.5 H
  Trend of most important clinical data (stable - increasing/decreasing): increasing
- Patient/Family birthing plan?: cesarean section
- How have you advanced the plan of care? Decreased patient's anxiety to having a c-section. Educated on why patient had to have a c-section. Emergency c-section due to cord prolapse
- Patient response: decreased anxiety, baby's circulation improved with c-section
- Status (stable/unstable/worsening): stable

Recommendation

- Suggestions for plan of care
- Assess for post-partum hemorrhage
- Incision site care
- Assess baby's circulation and respiratory status
- Culture and sensitivity due to high WBC

O2 therapy 12-15 L, non-rebreather mask

IV site Left arm

IV Maintenance Lactated Ringers

IV Drips Lactated Ringers, Cefazolin

Anesthesia Local / Epidural / Spinal / General

Episiotomy N/A Treatment N/A

Notes:

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Incision Abdominal, c-section incision, staples Dressing unknown

Fundus Location U/U Firm

Pain Score unknown Treatment: changed position, general anesthesia

Fall Risk/Safety Fall risk d/t pregnancy

Diet NPO at midnight

Last Void unknown Last BM unknown

Intake unknown Output: unknown