

OB Simulation Patient Preparation Worksheet

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

Student Name: Andrea moreno Admit Date: Today
 Patient initials: CW G 3 P 2 AB 0 L 1 M 0 EDD: 8/16 Gest. Age: 38w
 Blood Type/Rh: O neg Rubella Status: immune GBS status: negative
 Obstetrical reason for admission: Induction of labor, elevated BP
 Complication with this or previous pregnancies: pre-eclampsia + stillborn
 Chronic health conditions: gestational diabetes
 Allergies: morphine
 Priority Body System(s) to Assess: cardiovascular, gastrointestinal, respiratory, urinary

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 ONLY for any postpartum patient.

Complete the newborn implications ONLY for any newborn infant.

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
- Gestational Diabetes - ↑ BP	- pancreatic B-cell dysfunction due to chronic chronic insulin resistance during pregnancy - Heart has to pump more blood because pregnancy
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
- Preclampsia - Difficult labor	- decrease blood flow + decrease oxygenation - can cause injury to baby + may lead to emergency C-section.

Problem Recognition

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

Question	Most Likely Maternal Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
Identify the most likely and worst possible complications.	pre eclampsia	mom strokes out/placental abruption	fetal distress deat	emergency c-section
What interventions can prevent them from developing?	keep BP ↓	blood transfusion	position mom	administer O2 + call HCP
What clinical data/asses sments are needed to identify complications early?	vitals	vitals O2 pulse resp	FHR	placenta damage
What nursing interventions will the nurse implement if the anticipated complication develops?	FHR	magnesium sulfate ?	notify HCP	emergency c-section

Surgery or Invasive Procedures – *LEAVE BLANK if this does not apply to your patient*

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 Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
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

New drugs ordered during scenario must be added 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 -labour induction	cause contractions	NIV	- EFM
meperidine	barbatic	help w/ pain	- NIV - constipation	- Respirations counted
promethazine	antiemetic	decrease N/V	drowsiness	- Fall Risk
Humalog	Insulin	Decrease blood sugar	hypoglycemia	- blood sugar checks
Terbutaline	Beta 2 antagonist	allow you to breath easier	- nausea - HA	- respiratory (Bronchospasm)

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's possible complications (listed on page one)**. For each intervention write the rationale and expected outcome.

Nursing Priority	monitoring baby	
Goal/Outcome	↓ moms glucose + make sure baby is stable	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. FHR	1. making sure our baby is getting good O ₂ + blood	1. Baby has good FHR
2. MOMS blood glucose ↓	2. so baby doesn't have respiratory distress or come out w/ low gc	2. won't have respiration depression + has stable gc
3. Blood pressure	3. can cause stroke placenta abruption	3. keep BP ↓, we can't stop placenta abruption

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	fights infection
Metabolic Panel Labs		
Glucose	148	
ALT + AST	34/38	gestational DB / preeclampsia
Are there any Labs results that are concerning to the Nurse?		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
✓	✓		✓	✓		✓	EFM

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
					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
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

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

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> • Name/age • G P AB L EDB / / Est. Gest. Wks.: • Reason for admission
Background
<ul style="list-style-type: none"> • Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data
Assessment
<ul style="list-style-type: none"> • Most important clinical data: <ul style="list-style-type: none"> • Vital signs • Assessment • Diagnostics/lab values <i>Trend of most important clinical data (stable - increasing/decreasing)</i> • Patient/Family birthing plan? • How have you advanced the plan of care? • Patient response • Status (stable/unstable/worsening)
Recommendation
<ul style="list-style-type: none"> • Suggestions for plan of care

the Copy _____

IV site _____

IV Maintenance _____

IV Drips _____

Anesthesia Local / Epidural / Spinal / General

Episiotomy _____ Treatment _____

Incision _____ Dressing _____

Fundus Location _____ Firm / Boggy

Pain Score _____ Treatment _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes: