

# OB Simulation Patient Preparation Worksheet

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

Student Name: Quinton Sherrad Admit Date: 8/11/22  
 Patient initials: SA G 1 P 1 AB O L 1 M O EDD: 12/21/XX Gest. Age: 28 weeks  
 Blood Type/Rh: A+ Rubella Status: Immune GBS status: UNKNOWN  
 Obstetrical reason for admission: C-section/Pte-eclampsia  
 Complication with this or previous pregnancies: Emergency C-section  
 Chronic health conditions: none  
 Allergies: NKDA  
 Priority Body System(s) to Assess: Abdominal Assessment

## 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
<u>Pte-eclampsia</u>	<u>Pregnancy induced Hypertension</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications

## 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.	<u>Cardiovascular disease</u>	<u>Seizures</u>		
What interventions can prevent them from developing?	<u>↓ BP / ensure no blood loss / shopping</u>	<u>watching labs close / correct med Admin</u>		
What clinical data/assessments are needed to identify complications early?	<u>Vital Signs</u> <u>surgical site Assessment</u>	<u>Lab Values,</u> <u>continue to monitor</u> <u>Fetal HR</u>		
What nursing interventions will the nurse implement if the anticipated complication develops?	<u>Immediately contact PHCP</u>	<u>Patient safety</u> <u>time seizure</u> <u>notify PEP</u>		

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

Describe the procedure in your own words.

Procedure
C-section - delivery the child by cutting Patient open in OR

## 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.	little swelling/ Pain	Hemorrhage		
What interventions can prevent them from developing?	Antibiotic soon as possible	Assess Abdomen for rashes/bleeding		
What clinical data/assessments are needed to identify complications early?	Abdominal Assessment and Pain Assessment	CBC sent early ABLE for loss loss of Blood		
What nursing interventions will the nurse implement if the anticipated complication develops?	Try to use things like Ice and maybe ask for Anti-inflammatory	Report immediately and may need to surgery certain meds		

## 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	Oxytocin Hormones	used to cause contractions in the uterus/reduce bleeding	nausea/vomiting d/p changes, Dysrhythmias	V/S, I and O, lung sounds
PCA morphine	Narcotic	Blocks Pain receptors on patient's Nervous system	GI upsetness, Respirations ↓	GI Assessment/Respiratory
Magnesium sulfate 2000mg IV PB	Sulfate	Blocks calcium channel blockers therefore preventing smooth muscle contractility	Drowsiness ↓ RR ↓ HR visual changes	Urine output Respiratory rate
Magnesium sulfate 50% 200mg/500ml	Sulfate	Blocks calcium channel blockers therefore preventing smooth muscle contractility	Drowsiness ↓ RR ↓ HR visual changes	Urine output Respiratory rate
Calcium Gluconate 10% (4.65 meq/10ml)	calcium salts	Supplement to replace low levels of calcium	↑ urine/priest Weakness/fatigue	vital signs muscle spasms/cramps
Carboprost 250mcg (imp)	Prostaglandin Analog	Stop post partum hemorrhage causes uterine muscles to contract	Lower headache nausea, diarrhea	watch for ↑ in BP.

2 mg/kg  
Verification  
50mg/hr

Loading dose

Maintenance Dose

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

<b>Nursing Priority</b>	Post C-section care / Pre eclampsia		
<b>Goal/Outcome</b>	Proper healing / Bringing BP to normal range		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
1. Abdominal Assessment	1. Check for any pain / Abdominal distention	1. Clean/dressed wound no Abdominal distention or drainage	
2. Respiratory assessment	2. Magnesium can cause Depressed Respiratory system	2. Clear lung sounds and RR wNL	
3. Assess urinary output	3. Due to our meds we need to have Adequate urine Output	3. >30ml/hour	

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC ↑	13.5	sign of infection
RBC ↓ / Hematocrit ↓ MCH	RBC 4 / platelet	could be sign of Blood loss / high risk for bleeding less oxygen is being transported in body
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
unknown to BS		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
measure NO ↑ due to	watch for ↓ RR					watch BP/RR	