

OB Simulation Patient Preparation Worksheet

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

Student Name: Crystal Vargas Admit Date: 8/26/24
 Patient initials: AS G I P LABDLIM O EDD: 12/21/24 Gest. Age: 28w
 Blood Type/Rh: A ⊕ Rubella Status: Immune GBS status: Unknown
 Obstetrical reason for admission: preeclampsia
 Complication with this or previous pregnancies: hypertension
 Chronic health conditions: None
 Allergies: NKA
 Priority Body System(s) to Assess: Heart, Lungs, GI

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
Pre-eclampsia	Severe hypertension that can lead to eclampsia, renal problems, and stroke.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
preterm birth IUGR	Immature lungs Small birth weight Respiratory Distress Still birth.

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.	H. E. LP Syndrome	Magnesium toxicity	preterm birth and resp distress	Still birth
What interventions can prevent them from developing?	Administer Mg Sulfate per Dr. order.	frequent assessment of O2 sat, VS, LOC	Giving a corticosteroid to Mother prior to preterm delivery.	frequent prenatal visits.
What clinical data/assessments are needed to identify complications early?	Monitor labs, Check VS q 4 hrs.	Deep tendon Reflexes to test for absent DTR's when baby and urine output, Resp	CPAP is delivered	Prenatal urine analysis and vital signs.
What nursing intervention will the nurse implement if the anticipated complication develops?	Blood transfusion	Administer Calcium gluconate Stop the Mg!	Administering Surfactant	Physician will deliver baby as soon as possible to try and prevent still birth.

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

Describe the procedure in your own words.

Procedure
C-Section due to high risk pregnancy. Surgical incision in the uterus to deliver the baby.

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.	post op pain Surgical site infection	post partum hemorrhage → hemorrhagic shock		
What interventions can prevent them from developing?	use of sandbag for pressure / pain assessment	assessment of fundus - Bossy / firm		
What clinical data/assessments are needed to identify complications early?	Vital signs, Monitor incision for redness / swelling or pain assessment	assessing color of lochia and looking for clots		
What nursing interventions will the nurse implement if the anticipated complication develops?	Set up PCA pump administer ordered analgesics.	Administer oxytocin. fundal massage Notify physician		

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	hormone / Oxytocics	increases uterine contractility / controls BP bleeding	hypertension	Monitor BP q 4 hrs.
PCA pump Morphine 1mg / 10mL	opioid	Manages increased pain levels.	hypotension, bradycardia, constipation	Monitor Resp pattern, HE, and administer a stool softener.
Magnesium Sulfate 50% 20gm / 50mL 2gm/hr (50mL/hr)	anti-convulsant	Brings BP down by relaxing CNS	Mg toxicity, hypotension	frequent US checks assess urine output >30 mL/hr.

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.

Nursing Priority	To monitor for effects of pre-eclampsia	
Goal/Outcome	Catch early signs of further pre-eclampsia effects such as HELLP or Eclampsia.	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Massage fundus and assess for amount of lochia and clots.	1. At risk due to C-section.	1. To prevent hemorrhagic shock.
2. Assess for magnesium toxicity.	2. Nervous system is too relaxed.	2. Administer Ca gluconate should Mg toxicity occur.
3. Monitor lab levels, to monitor for HELLP syndrome.	3. At risk because of pre-eclampsia.	3. Prevent severe complications, such as liver damage and stroke.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs	Hgb - 10.5	Hemolysis
WBC	13.5-H	indicates infection
RBC	4.0-L	Abnormal blood level.
Platelets	100-L	thrombocytopenia
Metabolic Panel Labs		
ALT	42-H	could indicate hepatic insufficiency
AST	39-H	OR HELLP syndrome.
Are there any Labs results that are concerning to the Nurse?		
all of the above labs are indicative of H.E.L.P. Syndrome -		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	auscultab lung sounds.	Monitor LOC deep tendon reflexes.		Urine output must be 30ml/hr or greater, and urine protein dip 24hrs.		Notify MD if >10 breaths/min BP >90/50 or <60/40 temp >101 pulse >110	excessive bleeding w/ clots.