OB Simulation Patient Preparation Worksheet

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

Student Name: Alina Mills-Victor Admit Date: Today
Patient initials: CW G 3 P 2 AB 0 L 1 M 0 EDD: 08 /10/xx Gest. Age: 38 3/7 weeks
Blood Type/Rh: O (-) Rubella Status: Immune GBS status: Negative
Obstetrical reason for admission: Induction of labor (Gestational diabetes / bed rest for last 3 weeks)
Complication with this or previous pregnancies: Current gestational diabetes, previous PIH, previous preeclampsia in 1st pregnancy, previous still birth, maternal obesity, and postpartum depression.
Chronic health conditions: _____
Allergies: morphine
Priority Body System(s) to Assess: Blood glucose, FHR, vaginal exam, pain level, heart (b/p & hr) & lungs.

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 and ROM	Decreased insulin needs during labor. ROM without labor can cause infection and prolapsed cord.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
LGA, Hypoglycemia & Variable Decelerations (potentially)	LGA due to gestational diabetes (increased glucose to baby). Hypoglycemia upon delivery as baby separates from mom. Variable Decelerations due to potential prolapsed cord.

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.	Macrosomic Infant (difficult birth).	Onset of Severe – regular preeclampsia.	Hypoglycemic upon delivery.	Fetal Death or respiratory distress syndrome.
What interventions can prevent them from developing?	Trying multiple positions or opting for a C-section.	Monitoring Blood pressure closely & administering Mag sulfate when necessary.	Having a prepped bottle for baby upon delivery.	Having resuscitation equipment nearby upon delivery.
What clinical data/assessments are needed to identify complications early?	Vaginal exams and Leopold's maneuver to determine position & station.	Monitor blood pressure, proteinuria, reflexes, & epigastric pain.	Monitor blood glucose or signs & symptoms of hypoglycemia.	Amniocentesis to determine lung maturity & APGAR score.
What nursing interventions will the nurse implement if the anticipated complication develops?	Position changes, may require C-section, McRoberts maneuver (shoulder dystocia), & comfort measures.	Notify provider & administer Mag sulfate & if severe, initiation of seizure protocol.	Anticipate feeding needs for baby. Educate mom & prepare bottle.	Emotional support for mom & NICU team for baby.

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

Describe the procedure in your *own* words.

Procedure Induction of Labor
Inducing contractions using synthetic oxytocin (Pitocin).

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.	Excessive uterine Activity. (Tachysystole)	Uterine Rupture or post-partum hemorrhage.	Late Decelerations of FHR.	Prolonged decelerations/Fetal demise.
What interventions can prevent them from developing?	Titrating of oxytocin & uterine contractions.	Decrease uterine pressure. Lower oxytocin.	Maintain uteroplacental sufficiency.	Maintain uteroplacental sufficiency. Monitor and prevent Late Decelerations.
What clinical data/assessments are needed to identify complications early?	Uterine contraction monitoring strip.	Monitor uterine contractions and pain.	Monitor FHR strips.	Monitor FHR strips.
What nursing interventions will the nurse implement if the anticipated complication develops?	Decrease oxytocin or stop infusion.	Anticipate C-section.	Intrauterine resuscitation (4 turns). Notify provider.	Intrauterine Resuscitation (4 turns). Notify provider.

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

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	Monitor progression of labor and effects on mom and baby.
Goal/Outcome	To aid in maternal comfort and facilitate safe delivery.

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Monitor for Infection (due to ROM).	1. Once ROM mom becomes at risk for infections intrauterine.	1. By monitoring temperature regularly, we can identify and treat possible infections.
2. Monitor Uterine Contractions for tachysystole.	2. If tachysystole occurs it will put stress on the fetus and can result in emergency c-section.	2. By monitoring uterine contractions, I can lower and stop oxytocin as needed for fetal deterioration.
3. Monitor labor duration and maternal/fetal tolerability of labor.	3. Since fetus is most likely to be LGA, I can anticipate a prolonged labor. Prolonged labor can result in emergency C-section if deterioration of mom or baby are indicated.	3. By monitoring FHM and maternal tolerance to labor I can alert the physician when deterioration begins.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	Could indicate infection.
Metabolic Panel Labs		
Glucose	148	This is anticipated to drop as insulin needs drop as labor progresses.
Liver Enzymes (ALT & AST)	36 & 38	Liver is struggling to produce needed insulin per glucose level.
Are there any Labs results that are concerning to the Nurse?		
Not at this time.		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
Blood pressure! Due to past gestation preeclampsia.	Lung sounds to evaluate for pulmonary edema.	Mom's tolerability to labor. Monitoring reflexes for preeclampsia onset.	Correlate mom's eating with glucose needs. Currently I don't want mom eating.	Monitor urine output for proteinuria due to potential pre-eclamptic onset.	Regular temperature checks to monitor for infection.	Monitor for signs of infection, rise in blood pressure and respiration counts.	Monitor pain levels and aid to comfort.

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

- Name/age
- G P AB L EDB / / Est. Gest. Wks.:
- Reason for admission

Background

- Primary problem/diagnosis
- Most important obstetrical history
- Most important past medical history
- Most important background data

Assessment

- Most important clinical data:
  - Vital signs
  - Assessment
  - Diagnostics/lab values

  Trend of most important clinical data (stable - increasing/decreasing)
- Patient/Family birthing plan?
- How have you advanced the plan of care?
- Patient response
- Status (stable/unstable/worsening)

Recommendation

- Suggestions for plan of care

O2 therapy _____ ____

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: