

OB Simulation Patient Preparation Worksheet

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

Student Name: David Oliva Admit Date: 09/17/2024
 Patient initials: BW G P AB L M EDD: / / Gest. Age: 38 3/7 wks
 Blood Type/Rh: Rubella Status: GBS status:
 Obstetrical reason for admission:
 Complication with this or previous pregnancies:
 Chronic health conditions:
 Allergies: NKDA
 Priority Body System(s) to Assess: Neuro, Cardiac, Resp

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
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Hypoglycemia	Mother with gestational diabetes has increased blood glucose, fetal glucose matches the mothers, and they start producing insulin. When infant gets delivered, they still produce insulin even when not getting glucose from 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.			Involuntary muscle movements (jitteriness)	Seizures leading to brain damage
What interventions can prevent them from developing?			Regular blood sugar monitoring Freq. feedings	BS Mon. Adequate intake of glucose Pos. Glucagon
What clinical data/assessments are needed to identify complications early?			Assess feeding behavior & muscle tone (see any movements)	Assess eyes (any eye rolling back Muscle movements Respirations

What nursing interventions will the nurse implement if the anticipated complication develops?			Cont. to monitor Preparing for seizures	Maintain airway Prevent injury
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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
Phytonadione 1mg IM On admission	phyloquinones	Replenishes and stores Vitamin K in the body	Dyspnea Chest tightness Hyperkalemia	Monitor Electrolytes (K+) I&O Cardiac Assessment
Erythromycin Ophthalmic Ointment 0.5% 1 appl. on admis.	macrolide antibiotics	Treats and prevents infection by killing and suppressing the growth of bacteria	Stinging or burning of the eye	Assess eyes for drainage or redness

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	Tx of Hypoglycemia		
Goal/Outcome	Stabilize newborn Blood Glucose to within range		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Glucose Heel Stick	1. In order to monitor trends of glucose to prevent further hypoglycemia or rebound hyperglycemia	1. Keep baby's glucose at a manageable and normal level	
2. Neurological Assessment	2. Hypoglycemia can cause seizures, making sure there are no neurological complications or progression of hypoglycemia	2. Find normal response = no dz progression Abnormal response = possible progression of hypoglycemia	
3. CMP	3. Monitor electrolytes (K+ d/t medication, Na+ d/t neurological complications)	3. Keep levels in normal range and intervene when necessary to bring levels back to normal	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	10.5 H	Possible infection
RBC	10.6 H	Dehydration d/t sweating (hypoglycemia)
H & H	26.5/65.4 H	Dehydration d/t sweating (hypoglycemia)
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
WBCs – possible infection RBCs and H&H – dehydration, can lead to cardiac and neuro problems.		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Cardiac – d/t medication		d/t hypoglycemic reactions				Temp Resp Pulse B/P O2	Glucose Heel Stick

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

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 _____

Notes:

Intake _____ Output: _____