

OB Simulation Patient Preparation Worksheet

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

Student Name: Mireya Ocegueda Admit Date: _____
 Patient initials: C.W G 3 P 2 AB 0 L 1 M 0 EDD: 8 / 10/ xx Gest. Age: 38 3/7 weeks
 Blood Type/Rh: O neg Rubella Status: immune GBS status: negative
 Obstetrical reason for admission: Induction of labor
 Complication with this or previous pregnancies: Gestational Diabetes & history of pre-eclampsia
 Chronic health conditions: Elevated BP
 Allergies: Morphine
 Priority Body System(s) to Assess: Cardiac and respiratory

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	Pancreatic cell dysfunction arises due to a condition of chronic insulin resistance during gestation.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Large for gestational age	Babies born to mothers with gestational diabetes can be larger than normal for their gestational age and can cause the delivery to be more difficult.

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.	Gestational diabetes can lead to a C-section	Gestational diabetes can lead to pre-eclampsia	Can lead to baby being LGA	Can cause for baby to be hypoglycemic
What interventions can prevent them from developing?	Maintaining a good diet for baby to get proper nutrients and potentially not be as large.	Strict blood sugar control and a healthy diet.	Maintaining a good diet for baby to get the correct nutrition.	Initiate feedings as soon as baby is born.
What clinical data/assessments are needed to identify complications early?	Oral glucose tolerance test	Recognize symptoms such as high BP, blurred vision, swollen face, and extremities.	Weighing the baby.	Blood sugar checks.

What nursing interventions will the nurse implement if the anticipated complication develops?	Prepare the patient for a safe c-section delivery	Monitor blood pressure and other vital signs and administer meds.	Monitor baby's blood sugar levels.	Initiate feedings as soon as the baby is born.
---	---	---	------------------------------------	--

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

Describe the procedure in your own words.

Procedure
N/A

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	Oxytocic Hormones	It stimulates uterine contractions	Nausea Vomiting Uterine hypertonicity	Assess FHR Assess uterine contraction pattern and intensity Assess maternal blood pressure
Terbutaline	Beta 2 agonists	Inhibits uterine contractions	Nervousness Tremors Headache Flushing	Assess for any bronchospasms, dyspnea, wheezing, or coughing Monitor for hypoglycemia Monitor maternal and fetal vital signs
Meperidine	Opioids	Relieve pain during labor or delivery	Constipation Confusion Urinary retention Tremors	Monitor FHR for signs of excess sedation and respiratory depression once baby is born.
promethazine	Tricyclic	Relax and sedate patient during labor	Drowsiness Sedation Dizziness Confusion	Monitor FHR for signs of respiratory depression once baby is born.

--	--	--	--	--

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	Monitor Blood glucose and Blood Pressure		
Goal/Outcome	To have a safe delivery of baby with no complications		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Assess and monitor mom's blood glucose.	1. If the mom has high glucose levels during labor, then baby is more than likely to have hypoglycemia when born.	1. Controlled glucose levels would indicate a healthier baby when born.	
2. Monitor blood pressure.	2. If mom has high blood pressure, it can potentially inhibit the way baby gets nutrients and oxygenation during birth.	2. Controlled blood pressure will allow baby to get proper oxygenation and nutrients.	
3. Assess baby's fetal heart rate.	3. significant changes in heart rate can indicate if baby is receiving enough oxygen.	3. Baby stays with a moderate variability, could have accelerations or early decelerations.	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	WBC's can be higher in pregnant women
Metabolic Panel Labs		
Glucose	148	Due to her gestational diabetes
Are there any Labs results that are concerning to the Nurse?		
I think that based on the patient being pregnant and her diagnoses, even though her labs are abnormal they are to be expected.		

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

Assess for blood pressure and listen to heart sounds	Assess her respirations and auscultate lungs					Monitor her glucose level and blood pressure	
--	--	--	--	--	--	--	--

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
BP: 150/90 Glucose: 154	Freq. q 2-3 min Dur. 70-80 sec. Str.	Dil. 6 cm Eff. 90% Sta. Prest. BOW	FHR 150 Var. moderate Accel. present Decel. present TX.	Active to Transition	Patient gave consent to receive an epidural.	Tested positive for depression screening	N/A
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
High blood pressure	Can cause stress to the baby.
Most Important Fetal Assessment Findings	Clinical Significance
Late decels	Baby is not getting enough oxygen, immediate delivery.

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
Blood glucose levels	Yes		
High blood pressure			Yes

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
Baby experienced decels	Changed patient position Administered bolus Administer 10L of oxygen, non-rebreather Stop oxytocin Call doctor	Stop decels and prepare baby for immediate delivery

Professional Communication - SBAR to Primary NURSE

Situation
- Name/age Cynthia Williams - G 3 P 2 AB 0 L 2 EDB / / Est. Gest. Wks.: 30 weeks 3/7 weeks - Reason for admission Induction of labor, gestational diabetes, elevated BP
Background
- Primary problem/diagnosis gestational diabetes, elevated BP - Most important obstetrical history- Gestational diabetes, Elevated BP - Most important past medical history- positive for depression screening - Most important background data- Had a stillborn at 39 weeks pregnant in second pregnancy
Assessment
- Most important clinical data: - Vital signs- BP: 150/90, glucose: 154 - Assessment: FHR, glucose monitoring - Diagnostics/lab values: WBC:18.5, ALT: 36, AST: 38 - Trend of most important clinical data (stable - increasing/decreasing) - Patient/Family birthing plan? Vaginal birth with epidural - How have you advanced the plan of care? Did intrauterine resuscitation - Patient response: little to no change, called physician - Status (stable/unstable/worsening) unstable
Recommendation
Suggestions for plan of care Call physician for immediate delivery and monitor baby once born.

O2 therapy: O2 10 L through non-rebreather

IV site: 18 gauge IV to the left arm __

IV Maintenance LR at 125 ml/hr__

IV Drips: Oxytocin 30 unit to 500 ml LR

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:

Patient began to have high blood pressure and baby began to have late decels. We began intrauterine resuscitation, tried every intervention before calling doctor for immediate delivery.

Intake_____ Output:_____