

# OB Simulation Patient Preparation Worksheet

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

Student Name: Alexa Dobbins Admit Date: 11/19/24  
 Patient initials: CW G 3 P 2 ABO L1M0 EDD: 8/10/24 Gest. Age: 38 3/7 WKS  
 Blood Type/Rh: O- Rubella Status: Immune GBS status: negative  
 Obstetrical reason for admission: elevated BP, SKOM  
 Complication with this or previous pregnancies: Preeclampsia, Stillborn @ 39 wks, gest. diabetes  
 Chronic health conditions: Diabetes, depression  
 Allergies: morphine  
 Priority Body System(s) to Assess: Cardiovascular (BP, HR)

## 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
Elevated BP	Vasospasms that decrease tissue perfusion. Delivery is the only cure.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Preterm birth or fetal death	Decreased blood flow to the placenta causing fetus to receive less oxygen and nutrients.

## 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.	High blood pressure	Eclampsia	Intrauterine growth restriction	Placental abruption or death
What interventions can prevent them from developing?	restrict salt, bed rest, close monitoring of mother	Pregnancy diet, bed rest, anti-hypertensive medications	Corticosteroids to mature fetal lungs	↓ maternal BP ↓ kick counts
What clinical data/assessments are needed to identify complications early?	Close bp monitoring follow ups q3-4days	Patients BP, monitor for HA, ↓ LOC, severe epigastric pain, hyperreflexia, etc.	Ultrasounds Leopolds kick counts	Fetal monitoring kick counts
What nursing interventions will the nurse implement if the anticipated complication develops?	Left lateral position calm environment	Prevent injury Stabilize moms airway	Try to hold off delivery as long as possible but safely.	Intrauterine resuscitation.

## 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
	Beginning labor with medications before it naturally occurs.

## 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.	↑ in cardiovascular problems due to stress	maternal death/ eclampsia	low birth weight IUGR	Fetal death
What interventions can prevent them from developing?	Calm environment keep mom comfy	Magnesium sulfate Oxygen Anticonvulsant	Corticosteroids	↑ uterine placental blood flow (position)
What clinical data/assessments are needed to identify complications early?	Vital signs Heart monitor on mom	Vital signs	ultrasound to see baby	ultrasound FHR Kick counts
What nursing interventions will the nurse implement if the anticipated complication develops?	antihypertensive medications L lateral lying	Trendelenburg IV fluids	↑ maternal nutrition bedrest for mom treat HTN	prenatal care close monitoring

## 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
acetaminophen	Analgesics	helps with mild to moderate pain	hypoglycemia anxiety liver failure	Daily limit of 4,000mg including OTC *breastfeeding - will appear in milk
Sudafed	Adrenergics	decreases nasal congestion	Insomnia dizziness Nausea	HR - may have palpitations
Oxytocin IV PB 1-2 mL/hr	exogenous hormones	Induces labor	contractions	KNOW IUR steps must dilute with LR
mependine 25mg IV q2 pain 4/10	Opiate Analgesics	helps with moderate pain	Sedation Orthostatics hypotension	don't stop abruptly neonatal withdrawal symptoms
Prometazine 12.5mg IV PRN nausea	Antiemetic	decrease nausea	dizziness headache stomach pain	If pt. has severe vomiting - this is contraindicated.
Humalog sa	Insulins	rapid acting insulin to ↓ blood sugar levels	hypoglycemia	Don't use if solution is cloudy

\* pt also on PNV - nature made prenatal multi

Novolog Sliding Scale Insulins Rapid acting to ↓ blood sugars 2 hypoglycemia follow sliding scale closely to avoid emergencies.

## 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	↓ maternal BP, Stabilize fetus	
Goal/Outcome	healthy mom/baby	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Fetal monitoring and assessments	1. make sure baby is healthy and getting ready for labor.	1. Healthy baby is delivered or HR will be stable if needing to deliver later.
2. Decrease moms Bp	2. ensure mom can get through labor without further complications	2. moms bp will ↓ back to a sustainable/healthy level.
3. Get labor going	3. Get baby out safely to help ↓ moms bp.	3. Healthy baby/mom ↓

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5 ↑	Infection - pt had SKOM
glucose	148 ↑	ges. HTN - danger to baby/mom
Metabolic Panel Labs		
AST	36 ↑	liver function
ALT	38 ↑	liver function
Are there any Labs results that are concerning to the Nurse?		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
BP HR		LOC			perineal Leopolds for baby	BP HR temp	baby GFM