OB Simulation Patient Preparation Worksheet

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

Student Name:_____Savanna Everett_____ Admit Date: today_____

Patient initials: _____BS____ G_3_P_2 AB_0_L_1_M__0EDD:___unknown_____ Gest. Age: unknown

Blood Type/Rh:____pending_____ Rubella Status:____unknown_____ GBS status: unknown_____

Obstetrical reason for admission:_C/O severe abdominal pain; lab word indicates +pregnancy; in labor contracting Q2-3min lasting 60-70 sec.;_____

Complication with this or previous pregnancies: _____No prenatal care, FHR 120 w/ minimal variables, no accelerations; limited prenatal care with 1st child; 2nd pregnancy was preterm (26wk)_____

Chronic health conditions:_____N/A_____

Allergies: ____NKDA _____

Priority Body System(s) to Assess: _____Mental- emergent C-section; FHR- minimal variability/ no accelerations; SVE- ROM/ prolapsed cord/ compression

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
Laboring mom with no gestation age of fetus	May be a preterm birth, resulting in unmatured fetal organs. Risk of fetal death, congenital abnormalities, organ failure, chronic disabilities.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Unknown gestation of fetus and no prenatal care. FHR is 120, minimal variabilities, no accelerations	The FHR is low indicating fetal stress. This can be from cord compression/ nuchal cord, meconium aspiration, immature organ growth, etc.

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 risk pregnancy	Hemorrhage	Respiratory distress syndrome	Stillborn birth
What interventions can prevent them from developing?	Repositioning, tocolytics, IV bolus, O2	C. section	Admin corticosteroids	IUFR/ NICU on standby
What clinical data/assessments are needed to identify complications early?	SVE, fetal/ maternal monitoring, tocolytics, consents/ education	ROM prolapsed cord, preparation for C-section	FHR, check for ROM/ prolapsed cord, Leopold's maneuver to check fetus	Prolapsed cord leading into emergent c-section, stillborn
What nursing interventions will the nurse implement if	Consents and education for possible c-section	Blood infusion, massage the fundus, administer	Send baby to NICU to be closely monitored	Emotional assistance for mom

the anticipated complication develops?		medications		

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

Describe the procedure in your *own* words.

Procedure
Emergent C- section. Delivering baby through lower abdomen incision into uterus. Needs mental preparation, consents, IV, anesthetics, surgical protocol, NICU team on standby for infant.

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.	Emotional stress	Hemorrhage	Respiratory distress syndrome	Stillborn
What interventions can prevent them from developing?	Education on procedure, therapeutic communication	Bed rest, frequent BP checks, check for vaginal bleeding	Administer corticosteroids, clear airway as soon as delivered	IUFR
What clinical data/assessments are needed to identify complications early?	Increased RR/ BP, verbal statements of being scared, faint feeling	Baseline BP, blood type/ cross	O2 sat, color of skin, APGAR score	APGAR, FHR/ O2
What nursing interventions will the nurse implement if the anticipated complication develops?	Stay with patient, talk pt through procedure step by step	Start IV blood infusion, notify provider, check for distended abdomen	NICU team will take baby and put it on a vent	Emotional assistance for mom

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
Meperidine	Opioid	Used for moderate – severe pain	CNS depression	Assess FHR for decel. Maternal VS to detect decreased VS
Promethazine	Antiemetic	Helps to prevent nausea	Urinary retention	I/O if vomiting occurs Place catheter
Methylergonovine	PP hemorrhage	Prevents/ decreases PP hemorrhage	HTN	Do not use if Pt already has HTN Monitor bleeding I/O
Misoprostol	Prostaglandins	Induces labor	Abdominal pain	Do not use if pt has a prostaglandin allergy Use anaphylaxis protocol if anaphylaxis occurs
Penicillin G	Antibiotic	Given prophylaxis to prevent infection	Nausea	Use with antiemetic drug Monitor for allergic reaction

Carboprost Tromethamine	PP hemorrhage	Prevents/. Decreases PP hemorrhage	HTN	Do not give if pt has a HX of asthma Monitor BP for HTN

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	Accelerate labor to delivery baby to prevent further fetal distress
Goal/Outcome	Safe delivery for baby and mom

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1.Change position, administer LR bolus, stop Oxytocin, apply O2, give Terbutaline	1.Non-surgical intervention to reassess FHR (IUR)	1.FHR will increase to normal bpm and labor will continue to safely deliver baby
2.SVE of ROM	2. check if there is a ROM, if so then checking for prolapsed cord	2.prolapsed cord will cause FHR to decelerate, it stops blood flow from placenta to baby
3.If all interventions fail, emergent C-section if last	3. last resort to deliver baby safely, decrease mortality of fetus	3. Baby will not be stillborn

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	16.5	Increased due to possible infection
Hgb	10.5	Hemorrhage/ blood loss/ decreased O2
Hct	31.5	Hemorrhage/ blood loss/ decreased O2
Metabolic Panel Labs		
Protein	pending	Preeclampsia
Glucose	Pending	Gestational diabetes
Are there any Labs results that are concerning to the Nurse?		
Pending blood type and Rh factor		

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

BP/ HR, DVT prevention	Hyper/ hypo ventilation	Emotional stress	Empty bladder w/ catheter, catheter assessment, UA	Bowel sounds, stool softener to prevent constipation	SVE, Leopold's maneuver	BP, RR, HR, O2, Pain

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: