

# OB Simulation Patient Preparation Worksheet

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

Student Name: Elizabeth Dye Admit Date: today  
 Patient initials: RW G 3 P 3 AB O L 2 M 0 EDD: 11/19/24 Gest. Age: 38 3/7  
 Blood Type/Rh: O- Rubella Status: immune GBS status: neg  
 Obstetrical reason for admission: hypoglycemic  
 Complication with this or previous pregnancies: gestational diabetes, hypertension  
 Chronic health conditions: obesity Post partum depression  
 Allergies: NKDA  
 Priority Body System(s) to Assess: endocrine, 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
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
hypoglycemia	after cord is cut the glucose in neonates can drop, especially with diabetic mothers

## Problem Recognition 40-50mg/dL

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.			RDS	Seizures & brain damage
What interventions can prevent them from developing?			O <sub>2</sub> breast feeding sugar water	iv dextrose
What clinical data/assessments are needed to identify complications early?			blood glucose O <sub>2</sub> sat	blood glucose O <sub>2</sub> sat
What nursing interventions will the nurse implement if the anticipated complication develops?			breast milk 50% dextrose formula O <sub>2</sub>	prevent injury document breast milk dextrose 50%

## 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
Phytonadione 1mg IM	Vit K	prevents bleeding helps w clotting	taste changes flushing inj site pain	use distractions when giving comfort position prevent VKDB
0.5% 1 both Erythromycin Ophthalmic ointment	antibiotics	prevent eye infections of newborns	eye irritation erythema	use right technique keep applicator clean after first feeding
Hep B Vaccine 10mcg IM	vaccine	prevents Hep B	fever inj site rxn fatigue	use thigh keep baby rested and fed
Sucrose solution 24% 1-2ml PO	analgesic	helps relieve pain w needles	tachy/b Brady cardia choking	put in cheeks do this before inj

## 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	resp and glucose assessment	
Goal/Outcome	normal sugar, temp, & MB bonding	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. glucose check	1. hypoglycemia risk	1. w breast feeding normal glucose
2. respiratory assessment / O <sub>2</sub>	2. due to hypoglycemia leading to RDS	2. good O <sub>2</sub> sat
3. assess mom for post partum	3. previous diagnosis could lead to no skin to skin or feedings	3. bonding good baby temp + sugar

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC & RBC	16.5 & 10.6	caused by diabetic mom / stress
Hgb	26.5	hypoxemia or ↑ RBC ↓
HCT	65.4	
Metabolic Panel Labs		
n/a		
n/a		
Are there any Labs results that are concerning to the Nurse?		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
					color	temp O <sub>2</sub> sat	glucose