

# OB Simulation Patient Preparation Worksheet

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

Student Name: Vanessa Licea      Admit Date:  
 Patient initials: C.W      G 3 P 2 AB 0 L 1 M 0      EDD: 08/10/XX      Gest. Age: 38 3/7 wks  
 Blood Type/Rh: O neg      Rubella Status: Immune      GBS status: Negative  
 Obstetrical reason for admission: Pregnancy at 38 3/7 weeks, Hx of Gestational Diabetes and elevated B/P – Induction of labor  
 Complication with this or previous pregnancies: Abnormal Glucose Tolerance Test, Previous Pregnancy Induced HTN, Stillbirth previous pregnancy, Maternal Obesity, Postpartum Depression  
 Chronic health conditions: Gestational Diabetes & HTN  
 Allergies: Morphine  
 Priority Body System(s) to Assess: Cardiovascular

## 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 & Elevated HTN	GDM is usually the result of B-cell dysfunction on a background of chronic insulin resistance during pregnancy.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Hypoglycemia	Hypoglycemia is a condition where plasma glucose concentration is low.

## 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.	Preterm birth	High blood pressure and preeclampsia	Excessive birth weight - Shoulder dystocia	Neonatal hypoglycemia
What interventions can prevent them from developing?	Continue bedrest and glucose monitor – covering with sliding scale if need to be	Controlled sugar levels, high blood pressure and observe S/S of preeclampsia	Controlling sugar levels	Ensuring the infant is getting adequate nutrients & establish an exercise plan
What clinical data/assessments are needed to identify complications early?	S/S of early contractions	Daily glucose checks  Preeclampsia	Daily glucose checks	Serum glucose at 2 hours of age – continue to monitor 3-6 hours

		screening		
What nursing interventions will the nurse implement if the anticipated complication develops?	Bedrest and controlled glucose	Antihypertensive drugs, anticonvulsive, corticosteroids (for baby lung development)	Assess position of baby – if need for c-section	Early feeding – cover sugar levels with insulin if needed

## 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
PNV – Natural Made Prenatal Multi + DHA	Prenatal Vitamin	Provide additional vitamins and minerals needed before, during and after pregnancy.	Nausea, constipation, stomach cramps, bloating and gas	Assess for lab work
Acetaminophen	Analgesics	Non-opioid analgesic and antipyretic agent utilized for treating pain and fever.	Headache, muscle aches, arthritis, backache	Monitor of any signs of adverse effects or toxicity
Sudafed	Norepinephrine release agent	Reduces nasal swelling and inflammation to improve ease of breathing,	Insomnia, anxiety, dizziness, nausea	Watch of sudden falls in blood pressure and related signs (dizziness, syncope, loss of consciousness) that might indicated CV collapse.
Novolog by sliding scale	Insulin	Man-made insulin used to control blood sugar in adults and children with DM.	Weight gain, headache, nausea	Assess for symptoms of hypoglycemia and hyperglycemia.

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## 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.

<b>Nursing Priority</b>	Risk of fetal injury – high blood glucose levels	
<b>Goal/Outcome</b>		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Monitor sugar levels	1. Prevent hypo/hyperglycemia	1. Blood sugars to be covered with insulin
2. Early feeding for baby	2. Prevents baby from developing neonatal diabetes	2. Baby's blood sugar (glucose) stays at a safe level
3. Follow-up after delivery	3. Monitor mom and babies sugar levels.	3. Observe lifestyle changes – keep managing sugar levels if needed

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	18.5 H	Infection or inflammation – OR body preparing for demands of childbirth
<b>Metabolic Panel Labs</b>		
Glucose	148 H	Gestational diabetes – excessive body weight (before pregnancy)
ALT & AST	36 H & 38 H	Liver disease – preeclampsia, HELLP???
<b>Are there any Labs results that are concerning to the Nurse?</b>		

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

Assess the elevated blood pressure				Urine testing – ketones		Assess extremities	Blood glucose monitoring
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**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 136/84 HR 84 RR 19 O2 98 RA FHR 150 Blood glucose: 152	Freq. 2-3 mins Dur. 2-3 mins Str.	Dil. 9 ½ Eff. 100% Sta. Prest. BOW	FHR 65-160 Var. Moderate to Late Decel Accel. Decel. TX.	Third Stage of Labor	Pain state to be at 6/10 – Did not get to administer Meperdine due to patient going into labor.		
Time:		Focused Postpartum Assessment					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
N/A					Bladder Fundal loc Tone Lochia		
Time:		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
N/A							

**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 sugar	During labor we want to avoid mom being hypo or hyperglycemic, covering her blood sugar assisted with symptoms related to hyperglycemia, and resulted in a smooth labor.
Most Important Fetal Assessment Findings	Clinical Significance
N/A	

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 sugar	X		
High blood pressure	X		

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
Improved	As mom continues in postpartum, it's essential for education on healthy lifestyle changes and continue to monitor blood glucose of mom and baby.	The expected outcome is mom makes lifestyle changes, and blood sugars are covered with insulin to avoid hypo/hyperglycemia.

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age <b>Cynthia Williams 31 yr. old Female</b></li> <li>G <b>3</b> P <b>2</b> AB L <b>1</b> EDB / / Est. Gest. Wks.: <b>38 3/7 wks</b></li> <li>Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis</li> <li>Most important obstetrical history Gestational diabetes and hypertension</li> <li>Most important past medical history Hx of preeclampsia 1<sup>st</sup> pregnancy, the infant weighted 10 lbs., 8 oz. Second pregnancy was a stillbirth at 39 weeks.</li> <li>Most important background data</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:</li> </ul> <p>Vital signs <b>T 98.6, HR 84, R 18, B/P 136/84, O2Sat 98% on RA, and FHR 150 with moderate variability, accelerations present.</b></p> <p>Assessment <b>Vaginal Exam</b></p> <p>Diagnostics/lab values <b>Elevated WBC, AST and ALT</b></p> <p><i>Trend of most important clinical data (stable - increasing/decreasing)</i></p> <ul style="list-style-type: none"> <li>Patient/Family birthing plan? <b>Vaginal delivery</b></li> <li>How have you advanced the plan of care?</li> <li>Patient response</li> <li>Status (stable/unstable/worsening) <b>Stable</b></li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care <ul style="list-style-type: none"> <li><b>Continue to monitor blood glucose</b></li> <li><b>Help with making lifestyle changes</b></li> </ul> </li> </ul>

O2 therapy \_\_\_\_\_

IV site \_\_\_\_\_

IV Maintenance \_\_\_\_\_

IV Drips \_\_\_\_\_

Anesthesia Local / **Epidural** / Spinal / General

Episiotomy \_\_\_\_\_ Treatment \_\_\_\_\_

Incision \_\_\_\_\_ Dressing \_\_\_\_\_

Notes:

Fundus Location \_\_\_\_\_ Firm / Boggy \_\_\_\_\_

Pain Score \_\_\_\_\_ Treatment \_\_\_\_\_

Fall Risk/Safety \_\_\_\_\_

Diet \_\_\_\_\_

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_