OB Simulation Patient Preparation Worksheet

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

Student Name: Celeste Gomez Admit Date: 02/18/2025
Patient initials: C.W G 3 P 2 AB 0 L 1 M EDD: 08 /10/ Gest. Age: 38 3/7 weeks
Blood Type/Rh: O- Rubella Status: Immune GBS status: Negative
Obstetrical reason for admission: Pregnancy (38 3/7 weeks) HX of GDM, elevated BP, admitted for labor induction
Complication with this or previous pregnancies: HX of Preeclampsia in 1st pregnancy; infant weighed 10 lbs. 8 oz., 2nd pregnancy; Stillbirth @ 39 weeks, GDM controlled with insulin, elevated blood pressure requiring bedrest for the past 3 weeks.
Chronic health conditions: GDM, HTN (previous pregnancy), maternal obesity, HX of PPD
Allergies: Morphine
Priority Body System(s) to Assess: Cardiovascular (HTN/PR-E risk), neurological (s/s of worsening pre-eclampsia), fetal monitoring (due to HX of stillbirth and decreased fetal movement)

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 • Gestational Hypertension	• In pregnancy, insulin resistance increases due to placental hormones, leading to elevated blood glucose levels, If unmanaged, it increases the risk of macrosomia (large baby), neonatal hypoglycemia, and pre-eclampsia. • Increased blood pressure during pregnancy can lead to decreased placental perfusion, increasing the risk of fetal distress, preterm labor, and stillbirth.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
• Macrosomia • Neonatal hypoglycemia • Stillbirth risk	• Risk for birth trauma and shoulder dystocia • Due to increased maternal insulin exposure in utero • Due to history and current hypertension

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.	Hypertension, need for insulin adjustments, and prolonged labor.	Pre-eclampsia, eclampsia, and hemorrhage.	Macrosomia, neonatal hypoglycemia.	Stillbirth, fetal distress.
What interventions can	Monitor BP, administer insulin,	Magnesium sulfate for seizure	Continuous fetal monitoring, early	Emergency delivery if distress is

prevent them from developing?	monitor fetal heart rate, IV hydration.	prevention, emergency C-section if needed.	feeding after birth.	detected.
What clinical data/assessments are needed to identify complications early?	BP monitoring, urine protein, glucose checks, fetal monitoring, cervical checks.	Signs of pre-eclampsia (severe headache, vision changes, epigastric pain)	Fetal heart rate, movement counts, ultrasound.	Late decelerations, non-reassuring NST.
What nursing interventions will the nurse implement if the anticipated complication develops?	Administer antihypertensives, adjust insulin, IV fluids, position changes.	Prepare for delivery, administer magnesium sulfate, emergency interventions.	IV dextrose for neonatal hypoglycemia.	NICU support, resuscitation measures if necessary.

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
Oxytocin	Uterotonic	Stimulates uterine contractions to induce labor.	Uterine hyperstimulation, fetal distress	Monitor contraction pattern and fetal heart rate.
Insulin (HumaLog)	Antidiabetic	Lowers blood glucose by facilitating glucose uptake into cells.	Hypoglycemia, dizziness	Monitor blood glucose levels.
Meperidine	Opioid analgesic	Blocks pain signals in the nervous system.	Drowsiness, nausea, respiratory depression	Monitor respiratory status, pain level.
Promethazine	Antiemetic	Blocks histamine receptors to prevent nausea.	Drowsiness, dry mouth	Assess for excessive sedation, and monitor hydration status.

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	Preventing complications r/t GDM & HTN, while ensuring safe L&D.
Goal/Outcome	Maintain stable blood glucose levels, prevent hypertensive crisis, & ensure fetal well-being.

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Monitor glucose levels per protocol.	1. Prevent neonatal hypoglycemia and complications.	1. Glucose within target range.
2. Monitor BP and administer medications as needed.	2. Reduce risk of pre-eclampsia/eclampsia.	2. BP remains controlled.
3. Continuous fetal monitoring/position changes.	3. Identify distress early and intervene.	3. Reassuring fetal heart rate.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5 (high)	Possible stress or infection.
Glucose	148 (high)	Gestational diabetes.
Metabolic Panel Labs		
ALT	36 (high)	Possible liver involvement (pre-eclampsia/HELLP syndrome risk)
AST	38 (high)	Monitor for worsening hypertension effects
Are there any Labs results that are concerning to the Nurse?		
Elevated WBC, glucose and mildly elevated liver enzymes.		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
BP monitoring, signs of pre-eclampsia.	Oxygen saturation, risk of respiratory depression.	Headache, vision changes, reflex assessment.	Nausea, vomiting, liver enzyme monitoring.	Proteinuria, urine output.	Edema (hands/face)	Frequent monitoring for trends.	Fetal: HR, movement, contraction pattern.

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: