

# OB Simulation Patient Preparation Worksheet

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

Student Name: Hannah Landsman Admit Date: \_\_\_\_\_  
 Patient initials: CW G 3 P 2 AB O L 1 M 0 EDD: 8 / 10 / X Gest. Age: 38.3  
 Blood Type/Rh: O neg Rubella Status: immune GBS status: negative  
 Obstetrical reason for admission: elevated BP → labor  
 Complication with this or previous pregnancies: stillborn, hx preeclampsia, GDM  
 Chronic health conditions: NO  
 Allergies: Morphine  
 Priority Body System(s) to Assess: pulmonary, neuro

## 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
<u>Preeclampsia</u>	<u>Trophoblasts abnormal invasion causes spiral arteries on the placenta. This ↑ mom's work load of pumping blood and putting strain on the cardio system → body.</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<u>Respiratory distress</u>	<u>The fetus/newborn are not getting adequate O<sub>2</sub> and nutrients from the umbilical cord compromising their life, and causing respiratory distress with ↓ O<sub>2</sub> supply.</u>

## 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.	<u>preeclampsia</u>	<u>eclampsia</u>	<u>Fetal distress</u>	<u>stillbirth</u>
What interventions can prevent them from developing?	<u>decrease BP → control GDM</u>	<u>manage the preeclampsia by monitoring</u>	<u>FHM</u>	<u>FHM</u>
What clinical data/assessments are needed to identify complications early?	<ul style="list-style-type: none"><li>• BP</li><li>• Glucose UA</li><li>• Protein UA</li></ul>	<ul style="list-style-type: none"><li>• BP</li><li>• Glucose UA</li><li>• Protein UA</li><li>• neuro check</li></ul>	<ul style="list-style-type: none"><li>• Fetal HR</li><li>• uterine contractions</li></ul>	<ul style="list-style-type: none"><li>• FHR</li></ul>
What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none"><li>• ↓ activity</li><li>• fetal monitor</li><li>• Hydralazine</li></ul>	<ul style="list-style-type: none"><li>• mag sulfate</li><li>• labetalol</li></ul>	<ul style="list-style-type: none"><li>• change position</li><li>• IV Bolus</li><li>• C-section</li><li>• stop pitrin</li></ul>	<ul style="list-style-type: none"><li>• C-section</li></ul>

## 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	Oxytocic	stimulates contraction by ↑ Ca when binding	water intox. uterine nptire dysrhythmias	VS 130 lung assessment
Terbutaline	beta-agonist	stimulates receptors in smooth muscle → ↓ contractions	↑ BP seizures fetal tachycardia	VS FHM neuro
Meperidine	opioid agonist	slows CNS down → relaxes smooth muscle	confusion constipation fainting	VS neuro GI → BM
Promethazine	Tricyclic	blocks histamine receptors → ↓ in allergy sis	dry mouth blurred vision drowsiness	Fall bundle neuro ice chips VS
Humalog	short acting insulin	increases glucose uptake in cells	hypoglycemia swelling	sugar checks skin assessment

## 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	FHM $\Rightarrow$ contraction monitor	
Goal/Outcome	Baby born w/o complication $\Rightarrow$ mom healthy $\Rightarrow$ safe	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Lung Assessment	1. Oxytocin can cause water intoxication	1. Lung quality
2. Neuro Assessment	2. Hx of preeclampsia $\Rightarrow$ $\uparrow$ BP to r/o worsening	2. Knowing how the pt is tolerating $\uparrow$ BP
3. Monitor uterine contractions $\Rightarrow$ FHR	3. Pt on oxytocin and need to know how labor is progressing	3. Pt has increase in contractions $\Rightarrow$ FHR increases w/ contraction and decreases after

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	indicates possible infection
Metabolic Panel Labs		
Glucose	148	insulin during $\Rightarrow$ gestational diabetes
ALT $\Rightarrow$ AST	36/38	liver injury
Are there any Labs results that are concerning to the Nurse?		
NO		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
BP $\uparrow$	oxytocin drip	hx preeclampsia $\downarrow$ HA/blurred vision		baby position $\Rightarrow$ contractions		BP, temp, O <sub>2</sub>	

**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
<ul style="list-style-type: none"> <li>Name/age</li> <li>G P AB L                      EDB / /                      Est. Gest. Wks.:</li> <li>Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis</li> <li>Most important obstetrical history</li> <li>Most important past medical history</li> <li>Most important background data</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:               <ul style="list-style-type: none"> <li>Vital signs</li> <li>Assessment</li> <li>Diagnostics/lab values</li> </ul> </li> <li><i>Trend of most important clinical data (stable - increasing/decreasing)</i></li> <li>Patient/Family birthing plan?</li> <li>How have you advanced the plan of care?</li> <li>Patient response</li> <li>Status (stable/unstable/worsening)</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care</li> </ul>

the Copy \_\_\_\_\_

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: