

OB Simulation Patient Preparation Worksheet

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

Student Name: Aaron Link Admit Date: 25FEB25
 Patient initials: BW G P AB L M EDD: / / Gest. Age: 38 weeks
 Blood Type/Rh: N/A Rubella Status: N/A GBS status: N/A
 Obstetrical reason for admission: Gestational Diabetes
 Complication with this or previous pregnancies: Gestational Diabetes, elevated BP last 3 weeks, previous large infant weighing 10 lbs 8 oz, and last pregnancy stillbirth
 Chronic health conditions: Newborn- inability to stabilize temperature following delivery
 Allergies: NKDA
 Priority Body System(s) to Assess: Nervous system, integumentary(Skin) system, cardiovascular system

Inability to stabilize temperature following delivery

HYPOGLYCEMIA-

Normal range

- **1-2 hours old:** 25-110 mg/dL check every 2-3 hrs, 30min after intervention, check every 15 min if hypo
- **First 4 weeks:** 70-150 mg/dL

Normal V/S newborns

Temperature: 97-98.6°F (36.1-37°C)

Heart rate: 120-160 beats per minute

Respiratory rate: 40-60 breaths per minute

Blood pressure: Systolic 60-80, diastolic 30-45

Oxygen saturation: 95-100%

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
<u>inability to stabilize temperature following delivery</u>	Immature thermoregulation- highly susceptible to heat loss, large surface area to body mass ratio, poorly developed metabolic mechanism, immature skin- low fat,

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.			Hypothermia	Hypoglycemia

<p>What interventions can prevent them from developing?</p>			<p>placing them in a warm environment, initiating skin-to-skin contact with a parent, using a radiant warmer or incubator to provide external heat, monitoring vital signs closely, and if necessary, administering warmed IV fluids</p>	<p>early and frequent feeding with breastmilk or formula, especially within the first hour after birth, maintaining a stable temperature, skin-to-skin contact, closely monitoring blood glucose levels in at-risk infants, and addressing any underlying medical conditions that could contribute to low blood sugar, like maternal diabetes or prematurity; in some cases, supplemental dextrose gel may be considered for high-risk babies.</p>
<p>What clinical data/assessments are needed to identify complications early?</p>			<p>Temperature readings, assess for symptoms- cool, pale skin, lethargy, weak cry, poor feeding, decreased activity, mottled skin, possible respiratory distress, and in severe cases, seizures or decreased muscle tone</p>	<p>Check glucose level in mother during pregnancy, check babies glucose levels, Look for Early Signs:</p> <ul style="list-style-type: none"> • Jitteriness or tremors • Shakiness • Irritability • Poor feeding or lethargy • Apnea (stopping breathing) • Weak cry
<p>What nursing interventions will the nurse implement if the anticipated complication develops?</p>			<p>Utilize a radiant warmer, warmed IV fluids, skin to skin contact</p>	<p>giving the baby glucose and monitoring blood sugar levels breast milk or formula, IV glucose</p>

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
Phytonadione 1 mg IM	Vitamins Provides vitamin K (needed for blood clotting)	It activates proteins that are essential for blood clotting	Tachycardia, Cyanosis, Sweating, Blue colored lips/nailbeds, Jaundice, Change in taste, cough, hives, redness of the skin, trouble breathing, unusually warm skin, puffiness or swelling of the eyelids or around the eyes, face, lips or tongue	Check for bleeding at the injection site, umbilical cord, circumcision site, or other potential areas. blood test- measure prothrombin time (PT) to confirm adequate clotting ability Assess for signs of internal bleeding, such as lethargy, poor feeding, abdominal distention, or bruising Monitor for subtle bleeding like oozing from the gums or nose
Erythromycin Ophthalmic Ointment 0.5% 1 application to both eyes	macrolide antibiotics	Kills bacteria or prevents their growth. It binds to a bacterial ribosome, which prevents its protein synthesis, thus its death or prevention of growth. Treats bacterial infection of the eye or prevent them in newborns	Redness of the eye, stinging, itching, dysphagia, burning, dizziness, hives, diarrhea, dry/peeling/oily skin	Monitor the infant for irritability and possible effects on the gastrointestinal flora, such as diarrhea and candidiasis (thrush, diaper rash). consider the eyes for drainage and crusting,

Hepatitis B Vaccine (Engerix B) 10 mcg IM	Antiviral	Stimulates the body to produce antibodies that fight the hepatitis B virus.	Pain, redness, swelling, or bruising at the injection site, headache, fatigue, fever, joint pain, nausea, diarrhea, allergic reaction	clean eye prior to administering assessing the need for vaccination, administering the vaccine, and monitoring for adverse reactions
Sucrose Solution 24% 1 to 2 mL PO	o-glycosyl compounds mild analgesic	Pain relief is achieved through sweet taste activating the opioid pathways	choking, coughing, gagging, transient oxygen desaturation, brief apneas, hyperglycemia	Check blood sugars prior to giving, Neonates and infants with hypoglycaemia or hyperglycaemia also require medical approval for oral sucrose to be used for procedural pain

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	Stabilize Newborn's temperature	
Goal/Outcome	Newborn will maintain a temperature within normal limits 97-98.6°F (36.1-37°C)	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Use a radiant warmer	1. Able to gradually and precisely raise the temperature in a safe environment for the baby while monitoring their skin to prevent overheating	1. Raises body temp, while avoiding overheating
2. Treating underlying conditions such as Hypoglycemia , breast feeding	2. Treating hypoglycemia, will help the body raise glucose levels, which in turn allows the body to utilize energy more to produce heat. Breastfeeding provides glucose	2. Will help the body produce heat more efficiently, while alleviating symptoms of hypoglycemia. Breastfeeding will help with bonding as well
3. Skin to skin contact (Kangaroo care)	3. Increase bonding, mothers skin helps maintain baby's temperature, supports breastfeeding, helps with breathing, babies breathe more regularly and fall asleep easier with skin to skin	3. temperature should be easier to maintain, bonding should increase, normal breathing becomes more regular, easier to breastfeed

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		

WBC	10.5	Range 9.0-30.0 WNL (lower side)
RBC	10.6	Range 4.1-6.1 HIGH
Hgb	26.5	Range 14.5-24.5 HIGH
HCT	65.4	Range 44-64 HIGH
Platelet	270	Range 150-450 WNL
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
<p style="text-align: center;">RBC, Hgb, HCT- HIGH</p> <p>High levels of red blood cells (RBCs), hemoglobin (Hgb), and hematocrit (HCT) in a newborn can be a condition called polycythemia. Polycythemia occurs when a newborn has too many RBCs, which can thicken the blood and reduce blood flow. It can cause hypoglycemia. This may be caused by diabetes in the mother, which the mother had gestational diabetes.</p>		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Monitor BP, and perfusion EKG if bradycardia	Observe for labored breathing, look for signs of resp. distress, such as grunting, flaring nostrils, bluish skin	Check pupils , look for signs of raised intracranial pressure	Evaluate nutrition , lack of appetite		Check for cyanosis, blotchy skin, bright red, cold skin,	Temperature heart rate Respirations, BP, O2 sats,	

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