

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 O₂ and nutrients from the umbilical cord compromising their life, and causing respiratory distress with ↓ O₂ 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">• BP• Glucose UA• Protein UA | <ul style="list-style-type: none">• BP• Glucose UA• Protein UA• neuro check | <ul style="list-style-type: none">• Fetal HR• uterine contractions | <ul style="list-style-type: none">• FHR |
| What nursing interventions will the nurse implement if the anticipated complication develops? | <ul style="list-style-type: none">• ↓ activity• fetal monitor• Hydralazine | <ul style="list-style-type: none">• mag sulfate• labetalol | <ul style="list-style-type: none">• change position• IV Bolus• C-section• stop pitrin | <ul style="list-style-type: none">• C-section |

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 ₂ | |

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 |
| 1331 94 99.1° 97 HR 97% pain 5-6 | Freq. 2-3 Dur. 1min Str. Strong | Dil. 100 Eff. 100 Sta. +2 Prest. 0 BOW | FHR 150s Var. moderate Accel. after Decel. occurred TX. | 2-3 | 4 meperidine | Stable | insulin given 2U 160 sugar |
| 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 |
|---|--|
| blurred vision \rightarrow dizziness | Signs of preeclampsia |
| Most Important Fetal Assessment Findings | Clinical Significance |
| \uparrow FHR \rightarrow late decels | Baby is in distress pos. cord prolapse |

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 |
| Dizziness and blurry vision | ✓ | | |
| Pain during birth | ✓ | | |
| | | | |

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 | watch for PPH and assess baby to make sure proper heat \rightarrow O ₂ | Mom has no bleeding \rightarrow healthy Baby is profusing well \rightarrow stable |

Professional Communication - SBAR to Primary NURSE

| Situation | |
|--|---|
| <ul style="list-style-type: none"> Name/age <i>Cynthia Williams (31 y/o f)</i> G <i>3</i> P <i>2</i> AB <i>0</i> L <i>1</i> EDB <i>08 / 10 / xx</i> Est. Gest. Wks.: <i>38.3</i> Reason for admission <i>Laboring 3 ↑BP</i> | <ul style="list-style-type: none"> <i>0 neg RN given</i> <i>GBS (-)</i> |
| Background | |
| <ul style="list-style-type: none"> Primary problem/diagnosis <i>Gestational Diabetes</i> Most important obstetrical history <i>hx of preeclampsia</i> Most important past medical history <i>hx of stillbirth</i> Most important background data <i>↑BP</i> | |
| Assessment | |
| <ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs <i>133/94 99.1° 97 HR 01% pain 5-6</i> Assessment <i>Neuro 3, lung</i> Diagnostics/lab values <i>Glucose 160 (2v); WBC 18.5</i> Trend of most important clinical data (stable - increasing/decreasing) Patient/Family birthing plan? <i>Father bedside; VB w/o epidural</i> How have you advanced the plan of care? <i>Managed pain 3 monitor labor</i> Patient response <i>↓ pain 3 had VB</i> Status (stable/unstable/worsening) <i>Stable</i> | |
| Recommendation | |
| <ul style="list-style-type: none"> Suggestions for plan of care <i>Monitor BP and vision changes as well as glucose level</i> | |

the copy RA

IV site 18G (L) arm

IV Maintenance 125mL/hr LR

IV Drips Oxytocin 5u/min

Anesthesia Local / Epidural / Spinal / General

Episiotomy N/A Treatment N/A

Incision N/A Dressing N/A

Fundus Location ULV Firm / Boggy

Pain Score 4-5 Treatment Meperidine

Fall Risk/Safety rails up, yellow socks 3 gown

Diet gen

Last Void N/A Last BM N/A

Intake N/A Output: N/A

Notes:

Did IUR

- 102 NPB
- (L) Lateral
- 500mL bolus

Baby stable

- sugar check due to mom GDM

wants to breast feed