OB Simulation Patient Preparation Worksheet

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

Student Name: Brianna Meyer Admit Date: ____
Patient initials: BBW G__P__AB__L__M__EDD: __/__/__ Gest. Age: ____
Blood Type/Rh: ____ Rubella Status: ____ GBS status: ____
Obstetrical reason for admission: ____
Complication with this or previous pregnancies: ____
Chronic health conditions: ____
Allergies: NKDA
Priority Body System(s) to Assess: neurological system

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**
hypoglycemic	-mother had GDM, glucose is supplied by placenta but afterbirth the baby could've had impair transitioning of using their own glycogen causing hypoglycemia

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.	preeclamksia	PPH	neonatal hypoglycemia	Hypoxic-Ischemic encephalopathy
What interventions can prevent them from developing?	-tight glycemic control -diet -insulin if needed	-planned c/section -tight glycemic control	-early feeding -frequent feeding -monitor BG level	-glycemic control -fetal surveillance
What clinical data/assessments are needed to identify complications early?	-elevated BP is early key indicator -urine protein -monitor S/S	-BP ↓ -RR↑ -HR↑	BG <40-45 -S/S of hypoglycemia -temp 97.7 or less	-APGAR SCORE <3 at 5Min -poor feeding -lethargy -bradycardia
What nursing interventions will the nurse implement if the anticipated complication develops?	-BP 2x daily -fluid overload -facial edema	-monitor BG levels -provide insulin -IV fluids	-monitor BG 2-4 hrs -breastfeeding & adequate nutrition -skin to skin -gradually warm	-thermal blankets -VS -apgar score -BG levels

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 1MG IM	Vit. K	preventing of bleeding -helps clot blood	-pain, swelling or redness at site -allergic rxn	-monitor for immediate rxn -check for signs of bleeding
erythromycin opthalmic ointment 0.5%	abx	-prevent eye infections	-allergic rxn -blurred vision -light sensitivity	-assess for eye abnormalities -aseptic technique
Engenix B (hepB) 10MCG IM	vaccine	prevent HepB infection	-low grade fever -irritability	-confirm if mom is HBSAG pos -admin IM
sucrose solution 24%. 1-2mL	analgesic	pain & stress relief of NB	-mild bloating -gas/diarrhea -vomit	-watch for immediate rxn -admin slowly

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	hypoglycemia	
Goal/Outcome	restore & maintain normal Glucose levels	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Immediately measure BG levels	1. get levels to properly treat	1. establish baseline BG levels to manage hypoglycemia
2. assess for neurological signs	2. signs can indicate NB Brain isn't getting adequate glucose	2. detection of early signs of brain dysfunction
3. Immediate breast feeding - admin oral glucose if severe	3. rapidly provides natural source of glucose	3. rapidly restore & stabilize BG levels

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	110	relates to hypoglycemia
Hgb	26.5	
Hct	65.4	
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
CHECK BG levels immediately - if symptomatic - <45 treat w/ breastmilk, formula, 5% glucosewater then obtain readings 30 min after		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
		-jittery -grunting -↑RR				96.6°F	