OB Simulation Patient Preparation Worksheet

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

Student Name: Hanna Garrison Admit Date: Today

Patient initials: BBW G__P__AB__L__M__EDD:__/__/__ Gest. Age:38 3/7 weeks

Blood Type/Rh: Unknown Rubella Status: Mother Immune GBS status: Negative

Obstetrical reason for admission: Hypoglycemia, inability to self-regulate temperature

Complication with this or previous pregnancies: Gestational Diabetes

Chronic health conditions:

Allergies: NKDA

Priority Body System(s) to Assess: Cardiac, Respiratory

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**
Possible hypoglycemia	Possible hypoglycemia r/t LGA associated with gestational diabetes.

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.			Poor feeding, worsening hypoglycemia	Seizures, cardiac and respiratory distress
What interventions can prevent them from developing?			Breast milk, formula, or 5% glucose water	Ensure adequate nutrition to avoid prolonged hypoglycemia
What clinical data/assessments are needed to identify complications early?				

What nursing interventions will the nurse implement if the anticipated complication develops?				

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 (Vitamin K) 1mg IM	Anticoagulant reversal agent/Vitamin	Artificial Vitamin K, which is found naturally in the body and promotes the production of thrombocytes	Pain/swelling/ redness, mild bruising or skin rash at injection site.	Assess for allergic reaction or other adverse reactions. Educate parent(s) about injection's importance. Document procedure
Erythromycin Ophthalmic Ointment 0.5%	Ophthalmic antibiotic	Bacteriostatic antibiotic that inhibits protein synthesis of bacteria. Preventative treatment of Gonorrhea.	Mild eye irritation, temporary blurred vision, sensitivity to light	Monitor for effectiveness and side effects, apply according to physician's orders.
Hepatitis B Vaccine 10mcg IM	Inactivated viral vaccine	Contains non-infectious Hepatitis B antigens, which stimulates immune system to create antibodies	Milde soreness, redness and swelling at injection site. Low grade fever, headache, fatigue	Confirm need for vaccine, make sure vitals are normal. Monitor for adverse reactions, and document shot given and location, as well as adverse effects. Educate parents on what to monitor for in their infants.
Sucrose Solution 24%	Non-opioid analgesic	Activates body's natural pain blocking ability, reducing discomfort for minor procedures.	Mild, temporary fussiness, slight gagging.	Confirm baby is stable and can take oral medicine safely. Use comfort measures alongside medication. Document dose, timing, procedure and pain scores.

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	Monitor glucose levels and implement measures to reverse hypoglycemia	
Goal/Outcome	Reverse patient's hypoglycemia, maintain patient safety and health.	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Glucose monitoring, give breast milk/formula or 5% glucose water.	1. Assess blood glucose to accurately diagnose hypoglycemia and measures needed.	1. Increase patient's blood glucose to safe levels and maintain them.
2. Monitor temperature, keep infant on skin to skin with mother, keep swaddled with beanie.	2. Patient is having difficulty with maintaining body temperature, need to monitor to prevent hypothermia.	2. Maintain stability of body temperature until hypoglycemia is stabilized.
3. Monitor for signs and symptoms of respiratory/cardiac distress and notify provider if present.	3. If patient begins to have signs of distress, additional measures may need to be taken by physician	3. Maintain patient safety and health

Abnormal Relevant Lab Test	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
WBC	10.5 H	Possible immune response, infection, or normal reaction to stress of birth
RBC	10.6 H	Relatively common in neonates of gestational diabetes
HGB	26.5 H	Relatively common in neonates of gestational diabetes
HCT	65.4 H	Relatively common in neonates of gestational diabetes
Platelet	270	Within normal range, clotting factor.
Metabolic Panel Labs		

Are there any Labs results that are concerning to the Nurse?
Possible jaundice when RBCs die. WBCs may indicate stress response due to delivery. Fetus possibly created more blood cells due to low oxygen caused by mother's gestational diabetes.

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
	Respirations increased with grunting	Patient exhibiting jitteriness			Skin mottled in color	T: 96.6 HR: 148 RR: 48 BP: 68/48 O2 Sat: 96% RA	

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**
Temp: low **Glucose: low** **O2: low**		**Grunting, tachypnea**				**Mottled, firmer but still not good**	

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**
Low glucose, tachypnea, temperature and grunting after interventions	Interventions not successful, higher level of care needed

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
Blood glucose		X	
Temperature	X		
Respiratory		X	

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

Unchanged	Transfer to NICU	Higher level of care

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Baby Boy Williams 0 days
- G P AB L EDB / / Est. Gest. Wks.:
- Reason for admission Hypoglycemia unchanged

Background

- Primary problem/diagnosis Unchanged Hypoglycemia
- Most important obstetrical history
- Most important past medical history
- Most important background data

Assessment

- Most important clinical data:
  - Vital signs: T: 96.9 P:148 RR: 48 BP: 68/48 O2 Sats: 92% RA
  - Assessment: Grunting, Mottled, jittery
  - Diagnostics/lab values: Blood Glucose: 33

Trend of most important clinical data (stable - increasing/decreasing) Increasing

- Patient/Family birthing plan?
- How have you advanced the plan of care? Transferred to NICU
- Patient response
- Status (stable/unstable/worsening) Unstable

Recommendation

- Suggestions for plan of care

Closer monitoring and interventions in NICU until stability achieved

O2 therapy Venturi Mask 100%

IV site _____ _____

IV Maintenance _____ _____

IV Drips _____ _____

Anesthesia Local / Epidural / Spinal / General

Episiotomy_____Treatment _____ _____

Incision _____Dressing _____ _____

Fundus Location_____ Firm / Boggy ____

Pain Score _____Treatment____ ____ _____

Notes: T: 96.6
HR: 148
RR: 48
BP: 68/48
O2 Sat: 96% RA

Fall Risk/Safety _____ _____

Diet _____ _____

Last Void_____ Last BM _____ _____

Intake_____ Output:_____ ___