

OB Simulation Patient Preparation Worksheet

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

Student Name: Magy Hernandez Admit Date: _____
 Patient initials: CW G 3 P 2 AB 0 L 1 M 0 EDD:08 /10/ 25 Gest. Age: 38.3 wks
 Blood Type/Rh: Negative Rubella Status: Immune GBS status: Negative
 Obstetrical reason for admission: 38.3wks, hx of gestational diabetes, elevated BP, admit for induction of labor
 Complication with this or previous pregnancies: Preeclampsia, gestational diabetes
 Chronic health conditions: Diabetes, Hypertension, Depression/PPD, operation/hospitalization (2 SVD in XX & XX- stillborn), Pregnancy complications (gestational dm, previous PIH)
 Allergies: Morphine
 Priority Body System(s) to Assess: Cardiac

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
Gestational Diabetes	Body is not producing enough insulin
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<ul style="list-style-type: none"> - Macrosomia - Shoulder dystocia - Hypoglycemia - Jaundice 	<ul style="list-style-type: none"> - Increased glucose in moms goes to the placenta which causes baby to store excess glucose as fat - Baby's pancreas produces too much insulin - Buildup bilirubin in blood

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.	Increase risk for DM2	Preeclampsia	Macrosomia	Stillbirth
What interventions can prevent them from developing?	<ul style="list-style-type: none"> -Limit sugary foods -Prioritize lean meats & whole grains -Regular physical activity 	<ul style="list-style-type: none"> -Healthy diet -Weight management -Regular exercise -Calcium supplements 	Managing diabetes, weight gain, following healthy diet, and regular exercise	<ul style="list-style-type: none"> -Blood sugar control -Monitor fetal growth -Address complications (preeclampsia & poor circulation)

What clinical data/assessments are needed to identify complications early?	Postpartum testing like -Fasting plasma glucose -75-g oral glucose tolerance test -Monitoring HbA1C	Monitoring BP, assessing for proteinuria, monitoring liver & kidney function	-Early screening of GDM -Fundal height -Ultrasound -Monitor for hyperglycemia -Maternal weight gain	-early screening for GDM -Kick counting -NST -Ultrasound
What nursing interventions will the nurse implement if the anticipated complication develops?	Education of glucose monitoring, medication management, Hypo/Hyperglycemia symptoms	-Monitor BP -Monitor fetal well-being -Educate pt on warning signs -Administer meds like magnesium sulfate	-Manage DM -Close monitoring during labor -Neonatal assessment for hypoglycemia, breathing difficulty, and hyperbilirubinemia	-Emotional support -Manage mom physical needs -Facilitate necessary medical procedures -Bereavement support (ritual/memorial, expressing milk, long-term support)

Identify the pathophysiological problem & fetal implications section for any pregnant patient.
 Identify the medical obstetrical problem ONLY for any postpartum patient.
 Identify the report implications ONLY for any newborn infant.

Pathophysiology of Medical/Obstetrical Problem	body is not producing enough insulin
Pathophysiology of Fetal/Newborn Implications	Excess glucose in blood Excess glucose in placenta which causes baby to produce excess glucose as fat Excess glucose in placenta Excess glucose in blood

Identify the pathophysiological problem & fetal implications section for any pregnant patient.

Medical/Obstetrical Problem	Diabetes Mellitus
Fetal/Newborn Implications	Excess glucose in placenta Excess glucose in blood Excess glucose in placenta which causes baby to produce excess glucose as fat Excess glucose in placenta Excess glucose in blood

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	Oxytocics	Stimulates uterus to contract	Confusion, seizure, dizziness, headache, difficulty breathing	Close monitoring of uterine contractions, vital signs, I&O, vaginal bleeding, FHR
Terbutaline	Adrenergics	Relaxes uterus contraction	Restlessness, hyperglycemia, hypokalemia, tremor, angina, headache	Monitor maternal HR & BP, frequency & duration of contractions, FHR, Pulmonary edema (increased rate, dyspnea, crackles, frothy sputum)
Meperidine	Opioid	Alters the perception and response to painful stimuli	Hypotension, constipation, n/v, confusion, sedation,	-Assess BP, HR, RR prior to administering -Assess bowel function routinely
Promethazine	phenothiazines	Blocks histamine receptors	Confusion, disorientation, dry mouth, fatigue, blurred vision	-Assess for fall risk -Monitor for neuroleptic malignant syndrome (fever, tachycardia, hyper/hypotension, muscle stiffness, loss of bladder control)
Humalog	Pancreatics	Lowers blood glucose	Hypoglycemia, pruritic, erythema, swelling	-Assess for hypoglycemia (restlessness, cold sweat, confusion, pale, drowsiness, weakness)

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	Fetal Movement	
Goal/Outcome	Fetal wellbeing	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. FHR & Movement	1. Want to know baby is doing okay in moms' belly	1. variable movement and FHR between 120 160 110
2. Dilation, effacement, station, and contractions	2. Want to know fetal position and how duration and frequency of contractions to ensure proper rest	2. Baby in proper position for delivery
3. Blood sugar & BP	3. Want to ensure blood sugar and BP are well controlled to prevent hemorrhage	3. Control BS & BP to ensure no hemorrhage at delivery of baby 110 < 140 < 90

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5 ↑	indicates infection or inflammation
Metabolic Panel Labs		
Glucose	148 ↑	increase risk for preeclampsia
AST / ALT	36↑ / 38↑	increase risk for preeclampsia
Are there any Labs results that are concerning to the Nurse?		

The glucose is concerning due to the complications that can develop.

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other

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
146/94 98% 99.1F 88bpm	Freq. Dur. Str.	Dil. 10 Eff. 100% Sta. Prest. occiput BOW	FHR 140-150 Var. Accel. Decel. late TX.		7/10 meperidine		
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
elevated BP & ↑ Blood sugar	high risk for hemorrhage
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
↓ fetal movement	✓		
pain	✓		
vital signs		✓	
blood sugar	✓		

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		

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> Name/age Cynthia Williams / 31 y.o. G 3 P 3 AB L 2 EDB 8/10/25 Est. Gest. Wks.: 38.3 wks Reason for admission GDM, elevated BP
Background
<ul style="list-style-type: none"> Primary problem/diagnosis ↓ fetal movement, elevated BP Most important obstetrical history 2 SVD, 1st 10lb 8oz, 2nd - stillbirth, prenatal care @ 8wks GDM Most important past medical history DM, Hypertension, depression, Most important background data bedrest 3wks, SROM @ 0130, vaginal delivery
Assessment
<ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs 146/94 Assessment edema BLE (monitor) Diagnostics/lab values 209 → 4 units → 140 Trend of most important clinical data (stable - increasing/decreasing) Patient/Family birthing plan? vaginal delivery, husband in room How have you advanced the plan of care? delivered baby → monitor for hemorrhage Patient response decreased anxiety due to baby birth Status (stable/unstable/worsening) Stable
Recommendation
<ul style="list-style-type: none"> Suggestions for plan of care - EDinburgh Scale - monitor for hemorrhage

O2 therapy room air (10L/min ^{non-re-breather} late dec)

IV site 18G @ arm

IV Maintenance LR 125 ml/hr

IV Drips Oxytocin 6mu/min

Anesthesia Local / Epidural / Spinal / General

Episiotomy N/A Treatment N/A

Incision N/A Dressing N/A

Fundus Location N/A Firm / Boggy

Pain Score 7/10 Treatment meperidine

Fall Risk/Safety ~~low~~ ~~medium~~ high

Diet low carb

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes:

Allergic to morphine

late decels → IUR interventions

- turn oxytocin off
- turn on oxygen
- turn pt
- bolus fluids

gave 0.25mg turbutaline for tachysytole