OB Simulation Patient Preparation Worksheet

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

Student Name: Reagan Swinburn Admit Date: _____
Patient initials: CW G 3 P 0 AB 1 L 0 M 0 EDD: 8 / 16 / Gest. Age: ____
Blood Type/Rh: - Rubella Status: + GBS status: negative
Obstetrical reason for admission: contractions w/ SROM
Complication with this or previous pregnancies: Stillborn, GDM, HTN
Chronic health conditions: _____
Allergies: morphine
Priority Body System(s) to Assess: FHR

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
pre eclampsia	HTN, impaired liver function
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
hypoglycemia	maternal 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.	pre eclampsia	PP hemorrhage	hypoglycemia	-late decels -fetal distress
What interventions can prevent them from developing?	monitoring vitals, proteinuria if worsening	fundal rubs	feeding post delivery reducing stress control maternal HTN	monitoring fetal HR after meds / managing DM
What clinical data/assessments are needed to identify complications early?	vitals proteinuria	fundal measurements measuring blood	monitor BG levels	Fetal monitoring
What nursing interventions will the nurse implement if the anticipated complication develops?	anti HTN meds mag sulfate possible delivery	uterintonic drugs fluids PRBC	feed baby admin glucose	IUR

possible c-section

Surgery or Invasive Procedures – *LEAVE BLANK if this does not apply to your patien*

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
Meperidine	opiod	pain reliever	hypotension LOC	BP/HR, FHR fall risk pain asses.
Promethazine	antihistamine/ antimetic	relieve nausea	drowsy lightheaded	fall risk vitals fetal/mom
Oxytocin	steroids	stimulate uterine contractions	dysrhythmias BP changes water intox	monitor uterus BP/HR/FHR lung sounds I/O

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	pre-eclampsia / HTN / GD
Goal/Outcome	safe delivery of baby / mom's well being

Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. vitals	1. monitor for worsening HTN	1. below 140 systolic
2. Urine clips / F/O's	2. protein in urine monitor for oliguria	2. no protein urine
3. FHM / fetal monitoring	3. monitor for utero insufficiency	3. no late decels, prevention of c section

Abnormal Relevant Lab Test	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
WBC	18.5	high → infection?
Metabolic Panel Labs		
glucose	148	hyperglycemic
AST / ALT	38, 36	↑ pre-eclampsia
Are there any Labs results that are concerning to the Nurse?		
WBC, glucose, AST / ALT		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
✓		X		X		X	
		HA. vision. edema					