OB Simulation Patient Preparation Worksheet

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

Student Name: Josie Brimberry Admit Date: Today
Patient initials: BG Jones G__P__AB__L__M__EDD:__/__/__ Gest. Age: 39 wks
Blood Type/Rh:_____ Rubella Status: _____ GBS status: Mom positive @ 36 weeks
Obstetrical reason for admission: After birth care
Complication with this or previous pregnancies: no birth complication with infant
Chronic health conditions:_____
Allergies: NKDA
Priority Body System(s) to Assess: Abduction, temperature, Respiratory

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical/obstetrical problem? temperature, respirations

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**
Dry infant, place skin-skin Assess respiratory distress	Skin-to-skin increases body temp of infant, calms, & promotes bonding. Placing infant in radiant warmer can also increase temp. Placing a cap can increase temp because majority heat loss is from head. Delay baby's first bath to help stabilize thermoregulation.

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.			Hypothermia Hypoglycemia	Respiratory Distress Neuro problems
What interventions can prevent them from developing?			Assess and increase fetal temperature	prevent hypothermia to decrease rate of O_2 consumption & metabolic rate
What clinical data/assessments are needed to identify complications early?			Take VS-Temp. Assess skin color respirations, HR	Gray blue skin, nasal flaring, grunting. jittery
What nursing interventions will the nurse implement if the anticipated complication develops?			Dry pt., put on head cap, wrap in warm blankets	Place infant in incubator to stabilize temp & delay initial bath

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 Anticoagulant reversal agent	provides vitamin K to infant & aids with blood clotting	flushing, sweating, taste in mouth	provide sucrose, educate parent, use sterile technique, inject vastus lateralis
Erythromycin Ophthalmic ointment	antibiotic	kill bacteria in eye from amniotic fluid or other exposure during birth	mild eye irritation, eye redness, light sensitivity	Educate to prevent conjunctivitis, ophthalmia, place ointment lower eyelid
Engerix B (Hep B Vax)	Viral vaccine	Helps prevent Hep B - liver dz	HA, muscle pain, fatigue	Educate 3 doses are required, this dz can transfer to baby during birth
Sucrose Solution		Stimulates sucking— comfort mechanism and replaces energy depletion from metabolic consumption	hyperglycemia	provide PRN for comfort before or during procedures

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	Assess temp, respirations		
Goal/Outcome	Maintain fetal thermoregulation		
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**	
1. Assess VS - temp, HR, respirations 2. Move pt. to radient warmer & insure pt. is dry 3. Call physician for unstable temperature	1. Get a baseline if previous interventions were successful & assess for hypothermia 2. Increase fetal temperature & stabilize thermoregulation to prevent heat loss 3. Per orders and fetal safety	1. Fetal temp in theaputic range axillary: 36.5-37.5^{c} (97.7-99.7) 2. Fetal temperature regulation 3. HCP is aware of fetal status	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	9.7 H	} Indicate blood flow to fetus
Hgb	25.8 H	
HCT	65.9 H	
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
Elevated levels may lead to respiratory distress from viscosity of blood		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
	Resp. distress	Complication from temp & resp. distress			Color ↳ good blood perfusion	Temp RR HR	

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: 1050		**Focused Postpartum Assessment**					
VS	**CV**	**Resp**	**Neuro**	**GI**	**GU/Fundal**	**Skin**	**Other**
↓ 102/60 bp HR 115			LOC x4		Bladder Fundal loc Tone - boggy Lochia saturated		
Time:		**Focused Newborn Assessment**					
VS	**CV**	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**Other**
96.6 T 154 HR 90 O_2	59/40 Bp	57 RR grunting				mottled	

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
↓ Bp & ↑ HR - flush in perineal area	- signs of postpartum hemorrhage
Most Important Fetal Assessment Findings	**Clinical Significance**
Respiratory distress, ↑ WBC	Indicates infection, unable to sustain O_2 sat

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
↑ WBC			✓
O_2 - 90% ↓			✓
Temp 96.3 ↓			✓

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
Declined	Placed in radiant warmer in NICU Abx administered control of Respiratory distress	Increase temp, treat infection, critical care, regulate respirations

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Baby Girl Jones born today
- G P AB L EDB / / Est. Gest. Wks.: 39 wk 3 day
- Reason for admission Born 8lb 7oz, Respiratory distress, ↑WBC, unstable temp.

Background

- Primary problem/diagnosis ↑WBC indicates infection which is cause for temp & Resp. distress
- Most important obstetrical history No complication during birth
- Most important past medical history Maternal positive GBS@ 36 wks
- Most important background data Since birth signs of ↓ Temp, grunting

Assessment

- Most important clinical data:
  - Vital signs T-96.3 HR-154 Bp-59/40 O_2-94% RR-57
  - Assessment Resp. -lungs CTA, grunting present skin-mottled, will feed breast & bottle
  - Diagnostics/lab values BG 30 mg/dL, CBC, MB ↑ WBC

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

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

Recommendation

- Suggestions for plan of care

Maternal
Continue monitor for hemorrhage - check fundus
Promote Mom & baby bonding w/ NICU

Baby
NICU care, bonding
treat infection

O2 therapy 30% blend 2 L/min blow by

IV site _____

IV Maintenance _____

IV Drips _____

Anesthesia Local / Epidural / Spinal / General

Episiotomy _____ Treatment _____

Incision _____ Dressing _____

Fundus Location _____ Firm / Boggy

Pain Score _____ Treatment _____

Fall Risk/Safety _____

Diet _____

Last Void _____ Last BM _____

Intake _____ Output: _____

Notes:

Maternal hemorrhage
- Saturated pads
- ↓ Bp & ↑ HR
- pt state "I feel a gush flowing"
- boggy fundus

↑ Oxytocin, messaged fundus, maternal stabilization