

OB Simulation Patient Preparation Worksheet

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

Student Name: Lauren Beaudoin Admit Date: Today
 Patient initials: B.W. G 3 P 2 AB L M EDD: / / Gest. Age: 38
 Blood Type/Rh: Rubella Status: Immune GBS status: Negative
 Obstetrical reason for admission: ✱
 Complication with this or previous pregnancies: gestational diabetes, elevated BP, Previous LGA, Stillborn
 Chronic health conditions:
 Allergies: NKDA
 Priority Body System(s) to Assess: Respiratory, Circulation

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
Hypoglycemia	High Sugar while in womb increase insulin production. Post birth sugar supply is decreased and insulin has not adjusted = low blood sugar due to insulin production in infant.

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.			Temperature Instability	Brain damage Seizures
What interventions can prevent them from developing?			Maintain feeding Schedule + Place. Under warmer.	Monitor blood glucose level on time
What clinical data/assessments are needed to identify complications early?			Blood glucose checked + Temperature assessed	↑ Sitters, abnormal breathing patterns, high-pitch/weak cry.
What nursing interventions will the nurse implement if the anticipated complication develops?			Encourage breastfeeding or give glucose water	Call HCP Keep infant safe if Seizing

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 on admission	vitamins	help body clot blood	Pain, swelling at injection site. Skin rash	make sure infant is stable before giving.
Erythromycin ophthalmic ointment 0.5% 1gtt both eyes	Antibiotics	Blocks movement of bacteria during protein synthesis.	eye irritation blurred vision redness, cloudy eye	assess for pre-existing eye-issues-redness, crusting. obtain informed consent.
5% glucose water	glucose elevating agent (hypotonic)	glucose is quickly metabolized providing increase in blood sugar	UPset Stomach nausea sweating	check blood sugar before giving & monitor glucose 30min after.
Hep-B Engerix 10mg IM	recombinant vaccine	antigen is injected stim body to produce antibodies against virus	Fever. Redness, swelling injection site. fussiness.	make sure infant stable before giving. watch for reactions at site.

Nursing Management of Care

- 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	Check blood glucose	
Goal/Outcome	Stabilize temperature	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Treat blood glucose lvl according to order < 45 - breastmilk/glucose water	1. help relieve S+S of hypoglycemia	1. blood glucose will increase to normal infant range
2. Check temp + HR + BP	2. if low turn on radiant warmer.	2. temp will improve
3. Notify pediatrician	3. if signs of distress or temperature instability	3. MD will give order for corrective action to take

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	10.6	low oxygen in womb = increase RBC production
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
HR Apical 1 min	Breath sounds				color blue/yellow	TEMP	Blood glucose

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: 1200		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
Temp -95.9		breath sounds - clear				color	

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
hypoglycemia	Temperature instability, Jittery movement.

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
hypoglycemia - TX w/ breast milk	✓		
temp instability - TX w/ radiant warmer		✓	

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 slightly	Put baby to breast and skin to skin	Blood glucose reaches >45 mg/dL + temp reaches level between 97.5-99.5

Professional Communication - SBAR to Primary NURSE

Situation <ul style="list-style-type: none"> Name/age <u>Baby Boy williams</u> G <u>3</u> P <u>AB L</u> EDB <u>Today</u> Est. Gest. Wks.: <u>38 3/7 weeks</u> Reason for admission
Background <ul style="list-style-type: none"> Primary problem/diagnosis <u>hypoglycemia</u> Most important obstetrical history Most important past medical history <u>mom gestational diabetes</u> Most important background data <u>temp has been unstable since birth, bby is jittery, increased resp.</u>
Assessment <ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs <u>T: 95.9, HR: 169, RR: 63, O2: 94%</u> Assessment <u>blood glucose, resp., skin.</u> Diagnostics/lab values Trend of most important clinical data (stable - increasing/decreasing) Patient/Family birthing plan? <u>breast feeding</u> How have you advanced the plan of care? <u>gave milk by bottle, let aunt feed</u> Patient response <u>increase in glucose but not adequate levels</u> Status (stable/unstable/worsening) <ul style="list-style-type: none"> <u>unstable</u>
Recommendation <ul style="list-style-type: none"> Suggestions for plan of care <ul style="list-style-type: none"> <u>assess mom + baby bonding.</u> <u>Put skin to skin and breast feed by mom, recheck temp + glucose 30 min after.</u>

O2 therapy <90%. Floz blender ZL NG

IV site none

IV Maintenance none

IV Drips none

Anesthesia Local / Epidural / Spinal / General

Episiotomy \ Treatment \

Incision \ Dressing \

Fundus Location \ Firm / Boggy

Pain Score \ Treatment \

Fall Risk/Safety \

Diet Breast-feeding

Last Void \ Last BM \

Intake \ Output: \

Notes: Inform pt. of increased protocol and educate on risk for abduction

- be careful with aunt and watch closely, tried to abduct baby during shift.