

OB Simulation Patient Preparation Worksheet

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

Student Name: Cynthia Williams Admit Date: _____
 Patient initials: CW G 3 P 2 ABO L DM O EDD: 8/10/XX Gest. Age: 28W
 Blood Type/Rh: O Rubella Status: Immune GBS status: Negative
 Obstetrical reason for admission: Gestational Diabetes
 Complication with this or previous pregnancies: Pregnancy Induced Hypertension, stillbirth, obesity,
 Chronic health conditions: Diabetes Postpartum Depression
 Allergies: Morphine
 Priority Body System(s) to Assess: BG, Cardiovascular

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 |
|---|--|
| <u>Gestational Diabetes</u> | <u>Pregnancy alters hormones, and causes insulin resistance, it leads to the pancreas producing more insulin to compensate</u> |
| Fetal/Newborn Implications | Pathophysiology of Fetal/Newborn Implications |
| <u>Fetal Hyperinsulinemia, macrosomia</u> | <u>Mother's high BG can stimulate the fetus to produce excess insulin, leads to excessive birth weight.</u> |

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. | <u>Macrosomic infant (difficult labor, delivery, birth trauma, C-section)</u> | <u>Preeclampsia (can be fatal, uterine rupture, severe bleeding, high BP)</u> | <u>Macrosomia, neonatal hypoglycemia</u> | <u>Fetal Death (Respiratory distress syndrome)</u> |
| What interventions can prevent them from developing? | <u>Consistent pre natal care, regular exercise, monitor BG, control sugar intake</u> | <u>Control BP, maintain healthy weight, regular exercise. Avoid caffeine, low dose aspirin, calcium supplementation</u> | <u>Strict BG monitoring, feed baby as soon as delivered, mom's diet & activity.</u> | <u>Control BG levels, exercise, manage diabetes, antenatal corticosteroids</u> |
| What clinical data/assessments are needed to identify complications early? | <u>(f) diagnosis: Fasting ≥ 95 mg/dL, 3 hr glucose tolerance test</u> | <u>Evaluate for hx of high BP, diabetes, BMI ≥ 30, BP checks, urine test (proteinuria), monitor blurry vision, epigastric pain.</u> | <u>US (estimate weight), BG levels, placenta function, heel prick blood test</u> | <u>Rapid, shallow breathing, chest retractions, cyanosis, fetal lung maturity assessment</u> |
| What nursing interventions will the nurse implement if the anticipated complication develops? | <u>Prepare for possible C-section delivery, daily kick counts, admin insulin when appropriate.</u> | <u>Educate on SIS, Side lying to promote placental blood flow, control BP, may admin magnesium sulfate.</u> | <u>Early feeding post-partum, IV glucose, SIS of hypoglycemia (weak cry, poor feeding, jittery)</u> | <u>Provide O₂ therapy, support ventilation, admin surfactant</u> |

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 |
|--|-------------------------------|--|---|---|
| PMV - Nature made Prenatal multi + DHA | Prenatal vitamin (supplement) | It increases amount of vitamins, minerals & nutrients | Nausea, upset stomach, diarrhea, constipation | Educate on importance of taking enough folic acid & iron. Encourage foods w/ fiber to possible constipation. |
| Acetaminophen | Antipyretic/analgesic | Reduces fever, provides relief for mild to moderate pain | N/V, constipation, Headache, trouble sleeping. | Educate on not exceeding dose to prevent liver damage. Pain/fever assessment before admin |
| Sudafed | Decongestant | Narrows swollen blood vessels in nasal passages, reduce swelling & inflammation of sinuses | Insomnia, anxiety, restlessness, HA | • Advise to not take, if possible, it can ↓ milk supply & cause infant irritability. Monitor PP & HR (HTN, tachycardia) |
| Novolog (sliding scale) | Rapid-acting insulin | Rapid acting. Insulin, helps w/ glucose uptake into cells, inhibits glucose production | Hypoglycemia, weight gain, injection site irritation. | • Eat meal within 5-10 min post admin • monitor Bg after admin, use SS |
| | | | | |
| | | | | |

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 | Blood Glucose management | |
|--------------------------------------|---|--|
| Goal/Outcome | Stabilize BGs to prevent maternal/fetal complications | |
| Priority Assessment/Intervention(s) | Rationale | Expected Outcome |
| 1. Blood Glucose level monitoring | 1. Helps track effectiveness of diet, exercise, identify hyper/hypoglycemia | 1. Prevent hypoglycemia, and helps correct BG, ↓ LGA babies |
| 2. monitor maternal weight gain | 2. To revise diet/activity adherence, decrease labor complications | 2. Less need for insulin, lowers risk of HTN, preeclampsia, safer delivery |
| 3. Assess fetal growth & development | 3. To prevent complications (macrosomia), birth trauma (shoulder dystocia), neonatal hypoglycemia | 3. Decrease risk of birth complications, respiratory distress, metabolic issues in baby. |

| Abnormal Relevant Lab Test | Current | Clinical Significance |
|--|-----------|--|
| Complete Blood Count (CBC) Labs | | |
| | | |
| | | |
| | | |
| Metabolic Panel Labs | | |
| Diabetes Screen : 186 | 24-28 wks | Positive Screen for gestational diabetes |
| | | |
| Are there any Labs results that are concerning to the Nurse? | | |
| (+) depression screen | | |

| 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 |
| | 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 |
| | | | | | | | |

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 |
| | |

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 |
| | | | |
| | | | |
| | | | |
| | | | |

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 |
|----------------|---------------------------------------|------------------|
| | | |

Professional Communication - SBAR to Primary NURSE

| Situation |
|---|
| <ul style="list-style-type: none"> • Name/age • G P AB L EDB / / Est. Gest. Wks.: • Reason for admission |
| Background |
| <ul style="list-style-type: none"> • Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data |
| Assessment |
| <ul style="list-style-type: none"> • Most important clinical data: <ul style="list-style-type: none"> • Vital signs • Assessment • Diagnostics/lab values <i>Trend of most important clinical data (stable - increasing/decreasing)</i> • Patient/Family birthing plan? • How have you advanced the plan of care? • Patient response • Status (stable/unstable/worsening) |
| Recommendation |
| <ul style="list-style-type: none"> • Suggestions for plan of care |

O2 therapy _____

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: