

# OB Simulation Patient Preparation Worksheet

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

Student Name: Lilly Bagwell Admit Date: 4/28  
 Patient initials: SB @ 1 P O A B O L O M O EDD: 12/6/18 Gest. Age: 36w  
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: NEG  
 Obstetrical reason for admission: Pregnancy 36w states I think my water broke  
 Complication with this or previous pregnancies: Breech position  
 Chronic health conditions: N/A  
 Allergies: NKDA  
 Priority Body System(s) to Assess: VE, position baby, VS, FHR, contractions

## 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>PROM, breech presentation</u>	<u>SRM at 36 weeks. Baby is presenting feet first which can cause dysfunctional labor.</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<u>Breech presentation</u>	<u>If delivered vaginally can cause complications for the baby during delivery.</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>Lacerations, prolonged/dysfunctional labor</u>	<u>Postpartum hemorrhage, DIC</u>	<u>Trauma, fractures clavicle, humerus, femur.</u>	<u>umbilical cord prolapse with acute hypoxia.</u>
What interventions can prevent them from developing?	<u>Interventions to help change babies position</u>	<u>Cesarean delivery</u>	<u>Rotation of baby before labor begins</u>	<u>Plan C-section before these occur.</u>
What clinical data/assessments are needed to identify complications early?	<u>Leopold's maneuver to confirm</u>	<u>Plan for C-section, educate mom</u>	<u>ultrasound to see babies position</u>	<u>ultrasound to check amniotic fluid &amp; cord location</u>
What nursing interventions will the nurse implement if the	<u>support controlled delivery of buttocks &amp; head to prevent lacs</u>	<u>Fundal massage, assess fundal height &amp; PP bleeding</u>	<u>Assess baby after delivery, support buttocks and head during delivery to prevent</u>	<u>Relieve pressure on presenting part of cord &amp; prepare for stat C-section</u>

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

Describe the procedure in your own words.

Procedure
Cesarean Delivery

## 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.	Wound infection UTI	Massive hemorrhage hypovolemic shock	mild respiratory distress	neonatal sepsis
What interventions can prevent them from developing?	prophylactic antibiotics	IV access have blood products available	antenatal corticosteroids to help develop lungs	limit VE and prophylactic abx
What clinical data/assessments are needed to identify complications early?	raise in temp, raise in WBC	saturating a pad in less than an hour >1,000ml blood loss, clots, incision site oozing	nasal flaring intercostal retractions Mild cyanosis	Hypothermia tachycardic Moistening WBC ↑ CRP
What nursing interventions will the nurse implement if the anticipated complication develops?	assess redness, swelling, warmth, drainage aseptic wound care abx	Fundal massage monitor vs, pad saturation, clamping skin	Prevent cold stress supplemental oxygen or CPAP	Oxygen, IV fluids, thermoregulation Abx breastfeeding for antibodies

## 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
Terbutaline	beta-2 adrenergic agonist	tocolytic to delay preterm labor or help relax uterus	Tachycardia, palpitations hyperglycemia	Assess maternal HR/FHR and maternal BP cannot give if mom HR >120 bpm
Cefazolin	cephalosporin antibiotic	treat or prevent bacterial infection	N/v/d, rash, pruritus Pain/phlebitis at injection site	observe IV site for phlebitis and hypersensitivity reactions watch for GI upset and WBC count

## 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.

<b>Nursing Priority</b>	Prepare for C-section / establish current fetal position	
<b>Goal/Outcome</b>	Prevent complications related to breech presentation	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Leopold's Maneuver	1. to determine position of baby	1. baby will be in breech position
2. Monitor progression of labor, FHR	2. to assess FHR and ensure baby is oxygenated	2. to ensure baby is safe and watch progression of labor
3. Pre-prepare C-section	3. if baby is still in breech position then C-section is necessary	3. to prevent trauma to mom and baby from dysfunctional labor

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	15.5	probably raised from labor, but still need to monitor
Hgb	11.8	low
Hct	35.4	low
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
						T-100.2 HR-92 R-18 B/P-134/72 O2 sat 97 FHR:120	VE: 3cm 90% leaking clear fluid

**This Section is to be completed in the Sim center- do not complete before!**

Time: 0900		Focused OB Assessment					
VS	Contractions	Vaginal exam	Fetal Assessment	Labor Stage/phase	Pain Plan	Emotional	Other
Temp: 100 All other stable VS	Freq. 3-4 mins Dur. 60-70 secs Str. Mod	Dil. Eff. Sta. Umbilical Cord Prolapse Prest. BOW	FHR 120 Var. Mod Accel. Decel. variable decel TX.	Scheduled C-section stage 1	4	concerned about C-section	
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.**

- Which findings have you collected that are most important and need to be noticed as clinically significant?

Most Important Maternal Assessment Findings	Clinical Significance
Recovery From C-section	prevent infection and postpartum hemorrhage
Most Important Fetal Assessment Findings	Clinical Significance
Prevent RDS 3, maintain temp	Baby was premature so important to prevent RDS 3, maintaining homeostasis

- 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
Fundal Massage	X		
Monitoring incision site	X		

- 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
Patient tolerated C-section well	monitor for postpartum hemorrhage	Fundus firm and bleeding stops

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age Sarah Rogers Delivered</li> <li>G I P O ABO LO EDB 2 / 8 / Est. Gest. Wks.: 30</li> <li>Reason for admission PROM and contracting</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis baby in breech position &amp; PROM</li> <li>Most important obstetrical history Exercises performed to try to turn baby</li> <li>Most important past medical history N/A</li> <li>Most important background data doesn't want to have a c-section</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:                             <ul style="list-style-type: none"> <li>Vital signs variable decels</li> <li>Assessment Prolapsed umbilical cord</li> <li>Diagnostics/lab values</li> </ul> </li> <li>Trend of most important clinical data (stable - increasing/decreasing)</li> <li>Patient/Family birthing plan? wants Vag birth</li> <li>How have you advanced the plan of care? stat C-section</li> <li>Patient response Pt responsive to c-section and baby is doing good</li> <li>Status (stable/unstable/worsening) stable</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care fundal rub, check pads every hour, monitor incision site, ambulation soon to prevent DVT</li> </ul>

O2 therapy N/A

IV site Left wrist

IV Maintenance LR 125 mL/hr

IV Drips Cefazolin

Anesthesia Local / Epidural / Spinal / General

Episiotomy \_\_\_\_\_ Treatment \_\_\_\_\_

Incision lateral Dressing \_\_\_\_\_

Fundus Location U Firm / Boggy

Pain Score \_\_\_\_\_ Treatment \_\_\_\_\_

Fall Risk/Safety fall risk

Diet regular

Notes: \_\_\_\_\_

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_