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_ AB_0_ L_0_ M_0_ EDD: _8/10/XX_ Gest. Age: _38W_

Blood Type/Rh: _O_ Rubella Status: _Immune_ GBS status: _Negative_

Obstetrical reason for admission: _Preeclampsia_

Complication with this or previous pregnancies: _Pregnancy Induced Hypertension, stillbirth, obesity, Postpartum Depression_

Chronic health conditions: _Diabetes_

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
Preeclampsia	Pregnancy specific syndrome, vasospasm leads to poor tissue perfusion
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Fetal growth restriction	Preeclampsia can cause reduced blood flow to the placenta, leading to insufficient oxygen.

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.	Preeclampsia (can be fatal, uterine rupture, severe bleeding, high BP)	Eclampsia; grand mal seizures in a preeclamptic patient or in postpartum	Fetal Growth Restriction (FGR)	Fetal Death (Respiratory distress syndrome)
What interventions can prevent them from developing?	Control BP, maintain healthy weight, regular exercise, avoid caffeine, low dose aspirin, calcium supplementation	Priority is to prevent injury, stabilize maternal airway, monitor FHR, position left lateral.	controlling diabetes, low dose aspirin, stress reduction, monitor fetal growth	Control BG levels, exercise, manage diabetes, antenatal corticosteroids
What clinical data/assessments are needed to identify complications early?	Evaluate for hx of high BP, diabetes, BMI ≥30, BP checks, urine test (proteinuria), monitor blurry vision, epigastric pain.	BP of ≥160/110, proteinuria, oliguria, edema, blurry vision, hyperreflexia (3+), epigastric pain	monitor BP trends, urine test (proteinuria), CBC, edema, sudden weight gain.	Rapid, shallow breathing, chest retractions, cyanosis, fetal lung maturity assessment
What nursing interventions will the nurse implement if the anticipated complication develops?	Educate on S/S, side lying to promote placental blood flow, control BP, may admin magnesium sulfate.	monitor uterine activity, keep patient on her side, have suction equipment available, padded side rails up.	Possible hospitalization, admin magnesium sulfate IV, strict intake & output monitoring, prepare for possible delivery.	Provide O₂ therapy, support ventilation, admin surfactant

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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 BP & HR (HTN, tachycardia)
Novolog (sliding scale)	Rapid- acting insulin	Rapid acting insulin, helps w/ glucose reuptake 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

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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	Preeclampsia	
Goal/Outcome	Stabilize BP to prevent maternal/fetal complications	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Monitor BP	1. prevent seizures, prevent injuries, Stable O2 levels, airway	1. safely deliver baby & placenta
2. IUR for mom (IVF, O2, Bolus, stop oxytocin)	2. stabilize mom for healthy labor	2. ↓ complications considering preeclampsia
3. Assess FHR & uterine activity, possibly admin tocolytics	3. Track baby's reaction to mom's contractions	3. Stable baseline 110-160 bpm

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**
- Check BP changes ≥ 160/100 = severe preeclampsia							

Time:	Focused OB Assessment						
VS	Contractions	Vaginal exam	Fetal Assessment	Labor Stage/phase	Pain Plan	Emotional	Other
	Freq. Dur. Str.	Dil. 10 cm Eff. 100% Sta. Prest. occip. BOW	FHR abnormal Var. marked Accel. early Decel. late TX.		4/10	Stressed	

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
Blood Pressure	This indicates systemic vasoconstriction is low oxygen to baby
Most Important Fetal Assessment Findings	Clinical Significance
FHR	Early warning sign for fetal compromise, may indicate need for a delivery.

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
Blood Pressure	w/ IUR		
Labs (HELLP)		—	
Proteinuria		—	
Symptoms worsening	w/ IUR		

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
unstable B/P, symptoms worsening; therefore → • mom expressed stress	IUR; admin O2 at 10L via face mask, position left lateral, stop oxytocin, bolus fluids (LR) • provided her photo of her beloved cat	Promote best oxygenation to baby due to preeclampsia background, relax the uterus, maintain fluid balance. • Calm mom down to improve labor/delivery.

Professional Communication - SBAR to Primary NURSE

Situation
- Name/age Cynthia Williams
- G 3 P 2 AB L 1   EDB 8 /10 /XX   Est. Gest. Wks.: 38 weeks
- Reason for admission Non reactive, Non stress Test

Background
- Primary problem/diagnosis Gestational Hypertension/Preeclampsia
- Most important obstetrical history GD, prior history of preeclampsia, stillborn
- Most important past medical history Postpartum depression
- Most important background data Has been bedrest

Assessment
- Most important clinical data: Blood pressure, FHR
  - Vital signs B/P: 136/84, FHR 150 with moderate variability, accelerations present
  - Assessment Vaginal exam performed, LR infusing, oxytocin infusing
  - Diagnostics/lab values High WBC
  - *Trend* of most important clinical data (stable - increasing/decreasing) At first stable, then increased w/ contractions for labor
- Patient/Family birthing plan? Sister at bedside
- How have you advanced the plan of care? IVR
- Patient response W/ comfort measures, it improved
- Status (**stable**/unstable/worsening)

  After implementing IVR, then unstable due to active labor

Recommendation
- Suggestions for plan of care
  - Continue monitoring diabetes. - Reeducate on cat, cat litter
  - Support groups   & effects on baby.

O2 therapy 10 L

IV site 18 g Left lower arm

IV Maintenance LR Bolus

IV Drips Oxytocin

Anesthesia Local / Epidural / Spinal / General

Episiotomy_____ Treatment _____

Incision _____ Dressing _____

Fundus Location_____ Firm / Boggy

Pain Score 4/10 _____ Treatment meperidine IVP

Fall Risk/Safety yes, due to pregnancy

Diet Clear liquid

Last Void_____ Last BM _____

Intake_____ Output:_____

Notes: