

OB Simulation Patient Preparation Worksheet

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

Student Name: Einevie Martinez

Admit Date: _____

Patient initials: C.W 3 2 0 1 0 G P AB L M EDD: 8/10 / Gest. Age: 37 weeks

Blood Type/Rh: ONeg Rubella Status: Immune GBS status: Negative

Obstetrical reason for admission: induction of labor

Complication with this or previous pregnancies: Preeclampsia, Stillborn baby, Gestational diabetes,

Chronic health conditions: Obesity · has been on bed rest for past 3 wks due to elevated B/P

Allergies: Morphine

Priority Body System(s) to Assess: Cardiovascular System

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>Preeclampsia</u>	<u>Hypertension along with protein urea (3+) due to abnormal Placenta implantation</u>
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<u>Placental Insufficiency</u>	<u>Placenta is not getting adequate oxygen + blood flow from mom</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>Severe Hypertension</u>	<u>Eclampsia</u>	<u>Preterm birth</u>	<u>Intrauterine fetal demise</u>
What interventions can prevent them from developing?	<u>· give Antihypertensives</u>	<u>· frequently assessing LOC · seizure precautions</u>	<u>· ensuring mom is taken care of + receiving proper care</u>	<u>· ups if fetal heart rate starts to decelerate</u>
What clinical data/assessments are needed to identify complications early?	<u>frequently checking blood pressure + pulse</u>	<u>· close monitoring of vital signs · SIS of seizure activity or decline</u>	<u>· checking mom for dilation + effacement</u>	<u>· close monitoring of fetal heart rate strips · internal monitoring</u>

What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none"> Turn patient left lateral Administer meds Notify provider Assess fetal heart rate 	<ul style="list-style-type: none"> Turn pt, give o2, +/- or suction if needed Notify provider Assess fetal heart rate 	<ul style="list-style-type: none"> Notify provider + NICU team stand by hemorrhage kit on continuous fetal heart rate monitoring 	<ul style="list-style-type: none"> prepare pt for surgery closely monitor mums vital signs
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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
Morphenidine 25mg IVP q2hrs Pain 4/10	Analgesic Opioid	Blocks pain signals in brain + spinal cord	feeling dizzy, sleepy, or weak upset stomach	<ul style="list-style-type: none"> Assess pain level before + after giving Assess vital signs before + after continuously monitor FHR after
Promethazine 12.5mg IVP diluted 10ml saline q4hr PRN	Antiemetic	Blocks histamine + dopamine receptors in brain that triggers nausea	Dry mouth upset stomach stuffy nose	<ul style="list-style-type: none"> Assess IV for infiltration before reassess for nausea after Assess LOC after
Humalog Insulin SA	Insulin, Rapid Acting	lowers blood sugar quickly by helping glucose move from bloodstream into cells	flu-like signs headache stomach pain	<ul style="list-style-type: none"> Check glucose level before giving make sure pt is going to eat within 15 min monitor for S/S of hypoglycemia after

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	Rationale	Expected Outcome
^{mom + babies} vital signs in range Healthy baby delivered		
1. Keep mom relaxed + give meds as needed / ordered So B/P does not get any higher	1.	1. Mom + baby are not distressed
2. Continuous FHM to make sure of baby's well being	2.	2. baby has adequate O ₂ + blood flow
3. Keep mom left lateral + initiate 4 ps if VS or baby's HR decelerates * intervention to keep baby + mom from declining even more	3.	3. Mom + baby are stable for delivery

Notes:

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	due to stress of labor
Metabolic Panel Labs		
Glucose	148	Diabetes - TBSG
ALT	36	Liver enzymes
Are there any Labs results that are concerning to the Nurse?		
AST - 38 - Liver enzymes		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
✓							

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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. Dil. FHR
 Dur. Eff. Var.
 Str. Sta. Accel.
 Prest. Decel.
 BOW 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

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Professional Communication - SBAR to Primary NURSE

Situation

- Name/age
- G P AB L EDB / / Est. Gest. Wks.:
- Reason for admission

Background

- Primary problem/diagnosis
- Most important obstetrical history
- Most important past medical history
- Most important background data

Assessment

- Most important clinical data:
 - Vital signs
 - Assessment
 - Diagnostics/lab values
- Trend* of most important clinical data (stable - increasing/decreasing)
- Patient/Family birthing plan?
- How have you advanced the plan of care?
- Patient response
- Status (stable/unstable/worsening)

Recommendation

- 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: _____