OB Simulation Patient Preparation Worksheet

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

Student Name: Miranda Millman Admit Date: _____
Patient initials: AJ G 2 P 1 AB __ L 1 M __ EDD: 3/27/XX Gest. Age: 39wk
Blood Type/Rh: O+ Rubella Status: immune GBS status: +
Obstetrical reason for admission: Preg @ 39wk, SROM, early labor
Complication with this or previous pregnancies: GBS +, mild preeclampsia
Chronic health conditions: Asthma
Allergies: Penicillin
Priority Body System(s) to Assess: Respiratory/Cardiac/GU/VS

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
• ROM • GBS+ • mild preeclampsia	• The sac that was protecting baby from bacteria has now popped like a balloon • A bacteria sometimes found on the genital area of women that causes no harm to them, but can harm baby if not tx properly before pushing.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
• chorioamnionitis • GBS disease	• The water that baby is floating in has now become contaminated w/ bacteria. • GBS bacteria was not tx properly + now baby has been exposed which can cause complications.

an increase in BP + protein in urine

Problem Recognition – GBS+ – SROM?

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 116/68 → 138/86 +1 prot	chorioamnionitis	variable decels/cord compression	GBS disease
What interventions can prevent them from developing?	Delivering baby	Deliviring baby w/in 24 hrs of ROM	Reposition mom/ 120-180 amnioinfusion	Tx mom in time
What clinical data/assessments are needed to identify complications early?	VS - BP UA - proteine	VS, color, odor of amniotic fluid	FHR pattern + variability	Resp. assess. Feedings Body temp
What nursing interventions will the nurse implement if the anticipated complication develops?	C-section?	Fluids, IV abx.	Reposition mom/ amnioinfusion or IUR if HR still not regulating.	NICU, IV abx.

temp instabili ↓BS poor feed

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/asses sments 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
Oxytocin	Tocolytic	• makes the uterus contract to induce labor or stop/prev hemmorhage.	- Hypotension - Strong contractions - water intoxicat	• I+O / BP / VS • Alert of HA / vision changes. • moniter #, strength, length of contractions.
Terbutaline	Beta 2 Adrenergic agonist	• Relaxes the uterus - ↑ BS	- pulm. edema - abnorm HR in mom (arrhyth) + baby (tachy)	• moniter mom + FHR, • monitor BS of m+B • Listen to lungs to ✓ for pulm edema. • Did it relax contractions?
meperidine	Opioid	• Treats pain	• GI upset • Hypotension • Drymouth	• make sure mom >4cm • FHR + pattern • mom HR / RR
Promethazine	Antiemetic	• Tx nausea + vomiting	• HA • constipation	• make sure N/V are better • monitor HR for abnormal QT (long) • moniter bowels
Clindamycin	Lincomycin class	• Tx GBS infxn.	• N/V / vag itch • Abdom pain • skin rash	• tell pt it does NOT pass in milk • will moniter stools (c-diff) • LFT + renal fxn test.
Epinephrine	Andrenergic Agonist	• Tx anaphylaxis w/ comp airway	- HA / N/V - ↑ palps. -	• watch pt VS for changes • EKG moniter

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	TX GBS + deliver baby w/in 24 hrs.
Goal/Outcome	Healthy mom + healthy baby!

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Treat GBS w/ abx	1. Treating the mom before delivery of the baby will insure that the GBS is not transfered.	1. Healthy baby w/ NO GBS disease.
2. Monitor FHR + notice abnormalities	2. Catching variable or late decels early on can prevent more serious complications.	2. Baby is getting adequate oxygen while in utero.
3. Deliver baby w/in 24 hrs of ROM	3. Delivering the baby w/in 24 hrs of ROM will ↓ the chance of infxn + help lower moms BP back to pre preg baseline.	3. No infection + moms BP will go back to normal.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
GBS	+	needs to be tx before delivery.
WBC	12.4 (H)	maybe from GBS, but more likely that its normal to be increased a bit w/ pregnancy.
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
BP- 138/92 + UA protein +1 @ last Dr check up.		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Yes	Yes			Yes		Yes-BP HR/RR	