OB Simulation Patient Preparation Worksheet

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

Student Name:_____Hannah McRight_____ Admit Date: _Today_
Patient initials: __B.W_____ G__P__AB__L__M___EDD:___/___/___ Gest. Age:38 3/7
Blood Type/Rh:_____ Rubella Status: _____ GBS status: _____
Obstetrical reason for admission:_Delivered at 1045, weight was 9lbs, 8oz with inability to stabilize temp after delivery._____
Complication with this or previous pregnancies: Mom was diagnosed with gestational diabetes_____
Chronic health conditions:_____NA_____
Allergies: ____NKDA_____
Priority Body System(s) to Assess: _____Blood sugar and Temp_____

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
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Hypoglycemia	Babies can't maintain their blood sugar up after birth. They get their glucose from the mom before birth and then after birth it stops immediately. Could be from too much insulin, not enough sugar stored, baby can't make the sugar and if baby is sick could decrease amount of sugar fast.

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.			Brain related injuries like developmental delays, cognitive issues and cerebral palsy.	Death or lifelong neurological damage due to irreversible brain injury

Question	Most Likely Maternal Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
What interventions can prevent them from developing?			Monitor blood sugar, manage maternal diabetes, frequent feedings	Most important intervention is to keep blood sugar at a safe range. Also frequent feedings, close monitoring and Immediate treatment.
What clinical data/ assessments are needed to identify complications early?			Continuous monitoring of Blood glucose, assess neuro status, poor feeding, seizures, irritability and lethargy	Continuous monitoring of Blood glucose, assess neuro status, poor feeding, seizures, irritability and lethargy
What nursing interventions will the nurse implement if the anticipated complication develops?			Admin IV glucose, continue to monitor glucose, frequent vital signs, educate family on s/s of hypoglycemia, monitor baby's nutritional intake	Admin IV glucose, continue to monitor glucose, frequent vital signs, educate family on s/s of hypoglycemia, monitor baby's nutritional intake

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
Phytonadione	Vitamins	This is Vit.K which is essential for activating clotting factors.	Allergic reaction: hive swelling of lips tongue & throat, difficult breathing. Sweating, dizziness, blue colored lips,	Monitor for bleeding Watch for adverse reactions, like allergic reaction, discoloration changes in breathing or HR/BP Review PT and INR labs before and after
Erythromycin	Macrolides antibiotics	Slow/kill sensitive bacteria by reducing the production of protein that bacteria needs to survive.	Sever stomach pain, diarrhea, headache with chest pain, dizziness, could lead to liver problems	Educate to take full dose of antibiotics Monitor liver function Get a culture and sensitivity before starting med,
Hep B Vaccine (Engerix)	Viral vaccine	Live vaccine to help prevent hepatitis B. Helps develop immunity.	Headache, muscle pain, tiredness, redness/pain at the injection site	Educate that this will not protect you against hep B if you are already infected. Do not take if you are allergic to yeast. Check vaccination history. Educate family that this protects against hep b which can cause serious liver damage. This is usually given in 3 doses, at birth, 1-2 months and 6 months.

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	Hypoglycemia	
Goal/Outcome	To get blood sugar back to normal	
Priority Assessment/ Intervention(s)	**Rationale**	**Expected Outcome**
1. Monitor blood glucose level	1. I want to continue to monitor to know if interventions are helping or if the levels are continuing to go down.	1. After intervention the expected outcome would be for the baby to not be hypoglycemic and getting better.
2. If glucose is low give milk or 5% glucose water.	2. You want to treat hypoglycemia fast so that the baby doesn't continue to decline and that could lead to possible neurologic deficits.	2. After giving milk or glucose water you would expect the baby to be getting better. If not after 30 mins, take blood glucose again and give milk or glucose water and notify the provider.
3. Educate family on signs and symptoms of hypoglycemia and what they can do to intervene.	3. I would explain that some signs are jitteriness, lethargy/ poor feeding, weak cry and could have seizures. You will want to give milk to increase the blood glucose.	3. I will have the family repeat back what they understood and give further education if needed. If they understand then I will have them take the blood sugar so they know how to do it and I know the family understands how to monitor their baby for hypoglycemia.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	10.6	Increased RBC can worsen hypoglycemia
Hgb	26.5	Slows circulation and reduces glucose movement
HCT	65.4	Again the thickening of the blood makes it harder for glucose to get where it needs to go.
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		

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

		Monitor neuro closely because hypoglycemia can lead to big neuro deficits		5		Monitor BP/ HR, o2 Sats, Temp	Blood glucose

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
• 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:_____

Notes: