OB Simulation Patient Preparation Worksheet

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

Student Name: LILLIAN NGUYEN Admit Date:
Patient initials: _CW_ G_3_P_2_AB_0_L_1_M_0_ EDD: _8 /10/ XX_ Gest. Age:38 3/7wks
Blood Type/RH; O Negative Rubella Status: Immune GBS status:Negative

Obstetrical reason for admission: Labor induction
Complication with this or previous pregnancies: Gestational diabetes and elevated BP
Chronic health conditions: Elevated BP
Allergies: Morphine
Priority Body System(s) to Assess: Cardiovascular and labor progression

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
Hypertension Gestational diabetes	Hypertension is the elevation of blood pressure. It can be caused by stress, higher BMI, diet, and history of HTN or pre-eclampsia. Gestational Diabetes is when glucose levels are elevated and it may be because the placenta is blocking hormones that produce insulin, BMI increased hx of diabetes and diet.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Poor fetal growth Low birth weight	Poor fetal growth and low birth weight can be the result of placental insufficiency which causes lack of nutrients, oxygen, and blood flow to the baby. Lack of insulin from gestational diabetes also plays a factor as insulin is a signal to baby that there is food. Therefor, lack of insulin and placental insufficiency causes a deficit in nutrition.

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.	Pre-eclampsia/eclampsia and pre-term	Eclampsia, HELPP syndrome, DEATH	Low Birth weight Fetal Growth Restriction	Fetal Death Neonatal death
What interventions can prevent them from developing?	Managing high bp, early delivery, maintaining healthy pregnancy weight, balanced diet and managed stress.	Management and observation for worsening	Manage mothers BP and GD. Administering insulin and medication as needed.	Continuous fetal monitoring and interventions as needed when monitoring for emergency resuscitation.

What clinical data/assessments are needed to identify complications early?	Blood pressure, swelling of extremities, medical history, weight gain, protein in urine.	Blood pressure, pain, swelling, BMI, diet, proteinurea.	Monitor fetal growth and assessing prenatal care	Fetal distress, fetal strip contraindications like variable or late decelerations.
What nursing interventions will the nurse implement if the anticipated complication develops?	Continuous monitoring of mother and fetus, prescribed anti-hypertensives, promoting bed rest, reducing stress and increase fluid intake.	Prevent progression of condition and keep provider and interventions close by.	Assess diet, ultrasounds and plan with OBGYN to prevent further progression	Turn mother, bolus iv, stop oxytocin, oxygen, call provider and prepare for emergency delivery.

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
Humalog Insulin	Rapid acting insulin	Lowers glucose levels .	Low BS affect-headache, hunger, sweating, irritability, dizziness,fast heart rate.	Assess glucose before admin assess for signs of hypoglycemia and low potassium Give 15 mins before or after meal-fast acting.
Meperidine	Opioids	It is used to treat moderate to severe pain, over the scale of 5/10.	May slow down breathing Severe constipation Drowsiness	Fall risk, Call don't fall Assess respiratory and cardiovascular status,.
Promethazine	Antihistamine	It blocks the effects of histamine and prevents nausea.	Drowsiness Light headednes Double vision	Fall risk, Call don't fall Assess for sudden weakness of stiffness of body

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	Manage hypertension and monitor glucose and labor progress	
Goal/Outcome	Managed glucose and safe delivery/labor.	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Assess blood pressure	1. Mother is at risk of pre-eclampsia and may cause other issues.	1. Being able to notice and manage any HTN as needed.
2. Fetal Heart Monitor and observing fetal strip	3. Contraindications like late or variable deceleration may show. Or any sign of fetal distress.	2.To allow us to intervene appropriately and in time.
4. Check Glucose and treat as needed	2. Mother's gestational diabetes inhibits insulin therefore we want to cover to prevent complications with mom and baby.	3. To manage and prevent complications.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	may indicate infx or is normal due to having baby inside
Metabolic Panel Labs		
Glucose	148	may need insulin to cover
Are there any Labs results that are concerning to the Nurse?		
The most concerning would be the WBC due to it can be from infection or just from wielding baby.		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
		How Mom feels about baby considering hx of stillborn				Blood Pressure	Vaginal Exam

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
Glucose:209 BP:134/86(102) HR 74 bpm 18 RR	Freq. Dur. Str.	Dil. 7 cm Eff. 95% Sta. -1 Prest. BOW	FHR 155 Var. moderate Accel. Decel. TX.	Stage 1, active	6/10	Pt expresses worry for her child and delivery.	
Time:		REASSESSMENT					
VS	Contractions	Vaginal exam	Fetal Assessment	labor/phase	pain	Emotional	Other
BP 136/84(102 HR 84 RR 20	contractions q3 min, lasting 75 seconds.	10 cm Dilated, 100% effaced	FHR 151 Increased Accelerations	Stage 2, delivering baby	Pt states "it hurts" and "I feel like I am tearing!"	Emotions heigtened	
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
Mom's far progression in Labor and Glucose	Mom is almost ready to deliver and push baby out, sugar is heightened from gestational diabetes.
Most Important Fetal Assessment Findings	**Clinical Significance**
FHR is fine, accelerations consistent and moderate variability.	Ensures mom's anxieties about baby and hopefully smooth labor.

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
Mother progressed to fully dilated and effaced and delivered baby	X		
Glucose is still 209 due to not being covered because pt delivered baby.		X	
Mother's BP		X	

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
Pt overall status changed due to giving birth.	Fundal assessment Lochia assessment Bonding Assessment Mental Health Assessment	Improve mothers health and mental health while encouraging bonding with baby.

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Cynthia Williams, 31 Years old
- G 3 P 2 AB 0 L 1 EDB 8 / 10 / XX Est. Gest. Wks.: 38 3/7 wks
- Reason for admission

Background

- Primary problem/diagnosis Gestational Diabetes
- Most important obstetrical history Pre-Eclampsia and stillborn at 39 wks.
- Most important past medical history Pre-eclampsia.
- Most important background data Bed rest for the past 3 weeks, has a cat and at risk for toxoplasma.

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 Room Air

IV site 18g Left arm

IV Maintenance LR 125ml/hr.

IV Drips Oxytocin 30u to 500 ml LR @ 6mu/hr.

Anesthesia Local / Epidural / Spinal / General

Episiotomy X Treatment

Incision Dressing

Fundus Location Firm / Boggy

Pain Score Treatment

Fall Risk/Safety fall risk

Diet

Last Void Last BM

Intake Output:

Notes:

Patient has a pet cat named Leo whom she loves dearly. Educate more about safe handling and about toxoplasma.

Ensure Bonding with baby and provide reassurance and reassurance since mother did have still born last pregnancy.

Allergic to morphine.