

# OB Simulation Patient Preparation Worksheet

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

Student Name: Abigail West Admit Date: 8/10/xx  
 Patient initials: C.W. G3 P1 AB1 L1 M0 EDD: 8/10/xx Gest. Age: 37 wks  
 Blood Type/Rh: O- Rubella Status: immune GBS status: Negative  
 Obstetrical reason for admission: induction of labor due to gest. diabetes & HTN  
 Complication with this or previous pregnancies: Preeclampsia, LGA baby, Stillborn  
 Chronic health conditions: Gestational Diabetes  
 Allergies: Morphine  
 Priority Body System(s) to Assess: LOC, reflexes, edema, BP, HR

## 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
Pregnancy at 37 weeks complicated by gestational diabetes & HTN, admitted for induction	Gestational diabetes develops when hormonal changes during pregnancy cause insulin resistance. Poorly controlled blood sugar can affect the mother and the baby. HTN can reduce placental perfusion.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Fetus may experience elevated insulin and increased growth. The baby can also experience hypoglycemia after birth.	The baby has been relying on mom's insulin, so when baby is born the baby's blood sugar can plummet due to no longer getting that insulin from mom.

## 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.	HTN, Prolonged birth of labor	Post Partum hemorrhage, seizure	fetal distress	stillbirth
What interventions can prevent them from developing?	monitor BP, antihypertensives	Oxytocin, fundal massage	monitor FHR, control maternal glucose	Prepare for resuscitation, notify NICU
What clinical data/assessments are needed to identify complications early?	BP, Urine Protein, reflexes, AST, ALT, glucose	Hgb, Hct, BP, HR	FHR, NST, neonatal glucose	APGAR 02
What nursing interventions will the nurse implement if the anticipated complication develops?	Seizure precautions, mag sulfate, notify provider	Notify provider, fundal massage	early feed, monitor glucose	resuscitation, oxygen, heater

## 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
Oxytocin (Pitocin)	Oterotonic	Stimulates uterine smooth muscle contractions	tachysystole, fetal distress, water intoxication	- monitor FHR - monitor contractions
Lactated Ringers	isotonic fluid	Replaces ECF & electrolytes	fluid over load, electrolyte imbalance	- monitor I&Os - monitor for edema
Insulin	antidiabetic hormone	Promotes glucose uptake by cells, ↓ Blood Sugar	hypoglycemia	- Check glucose before meals & at bedtime - adjust dose per sliding scale
Promethazine (Phenergan)	antiemetic	blocks histamine receptors to reduce nausea	drowsy, dizzy	- monitor for sedation - get up slowly

## 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.

<b>Nursing Priority</b>	BP, hemorrhage, glucose	
<b>Goal/Outcome</b>	maintain stable maternal BP & glucose while ensuring fetal well being	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. monitor maternal BP & reflexes	1. detect early signs of preeclampsia or worse HTN	1. BP remains within target range, no seizures
2. monitor glucose & administer insulin	2. Prevent hyper/hypo glycemia	2. Blood glucose maintains within normal range
3. Continuous fetal monitoring	3. Detect fetal distress	3. FHR remains stable & within normal limits

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	16.5 ↑	can indicate infection
Hgb/Hct	10.4/31.6 ↓	mild anemia, monitor blood loss
<b>Metabolic Panel Labs</b>		
AST/ALT	38/47 ↑	Possible preeclampsia
Alkaline Phosphatase	141 ↑	mildly elevated in pregnancy, monitor
<b>Are there any Labs results that are concerning to the Nurse?</b>		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
BP, HR, edema	RR, Lung sounds	reflexes, headache, visual changes	nausea manage	ldo, Proteinuria	Pallor	Trends	continuous fetal monitoring

**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
<ul style="list-style-type: none"> <li>• Name/age</li> <li>• G P AB L EDB / / Est. Gest. Wks.:</li> <li>• Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>• Primary problem/diagnosis</li> <li>• Most important obstetrical history</li> <li>• Most important past medical history</li> <li>• Most important background data</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>• Most important clinical data:               <ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Assessment</li> <li>• Diagnostics/lab values</li> </ul> </li> <li><i>Trend of most important clinical data (stable - increasing/decreasing)</i></li> <li>• Patient/Family birthing plan?</li> <li>• How have you advanced the plan of care?</li> <li>• Patient response</li> <li>• Status (stable/unstable/worsening)</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>• Suggestions for plan of care</li> </ul>

the copy \_\_\_\_\_

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: