

# OB Simulation Patient Preparation Worksheet

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

Student Name: Megan Alonzo Admit Date: \_\_\_\_\_  
 Patient initials: B Boy, W G 3 P AB 1 L 2 M \_\_\_\_\_ EDD: / / Gest. Age: 38 wks  
 Blood Type/Rh: \_\_\_\_\_ Rubella Status: \_\_\_\_\_ GBS status: \_\_\_\_\_  
 Obstetrical reason for admission: active labor  
 Complication with this or previous pregnancies: Gestational Diabetes  
 Chronic health conditions: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Priority Body System(s) to Assess: Resp, HR, temp, Blood Glucose

## 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
<u>Hypoglycemia &amp; RDS</u>	<u>Mom's glucose ↑ so fetus produces ↑ insulin to adjust, once born there is too much insulin for the glucose that was now stopped ↑ insulin in fetus can interfere with lung maturity &amp; surfactant</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>Neonatal hypoglycemia</u>	<u>Severe RDS &amp; hypoxia</u>
What interventions can prevent them from developing?			<u>Warm, feed, &amp; monitor the glucose. (radiant warmer/glucose)</u>	<u>administer oxygen and support breathing</u>
What clinical data/assessments are needed to identify complications early?			<u>Maternal glucose check • glucose monitor • vital signs (↓ temp, grunting, ear flicking)</u>	<u>pulse ox ↓ 92.!</u>
What nursing interventions will the nurse implement if the anticipated complication develops?			<u>glucose checks Q15 until reached desired level feed early or begin D10 BG check 2-3 hrs</u>	<u>Radiant warmer (check temp position infant 30-60 min) administer O2 possible surfactant therapy</u>

## 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	Vitamin K	anticoagulant agent that allows the newborn to clot	Pain, redness swelling at the injection site	• adequate patient teaching in regards to NOT administering vit K
Erythromycin	Antibiotic	Prophylactically prevents bacterial invasion of newborns eyes from STIs	N/V/D GI upset	• adequate patient teaching to the parents in regards to why it what the med is for
Hep B	Vaccine	Prevents Hep B	Soreness redness swelling at the site	• adequate patient teaching in regards to spread of infection

## Nursing Management of Care

- 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	Glucose >45, temp >97.7, RR 30-60 w/out distress	
Goal/Outcome	Physiological Stability	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Maintain thermoregulation (Radiant warmers, skin to skin) Q 30min temp checks  2. Stabilize BG + initiate early feeding w/in first hr of life. if unable to feed or BG < 40 (IV D10W)  3. Support Resp function, assess Resp rate, effort, + sounds and provide supplemental oxygen if O <sub>2</sub> < 92%	1. Prevents cold stress which ↑ metabolic rate worsening the hypoglycemia Worsening the Respiratory function  2. Rapid correction of BG prevents seizures + neurological injury caused by hyperinsulinemia  3. Reduces work of breathing + Prevents hypoxia from possible surfactant issue that can be caused from infants of Diabetic Mothers	1. Temp remains > 97.7 + skin color improved  2. Blood glucose maintained > 45 with improved symptoms  3. Respirations w/ in range (30-60 bpm), no grunting or retractions, O <sub>2</sub> > 94 on room air

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
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
	↑ Resp rate O <sub>2</sub>					Resp HR Temp	Metabolic + 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
94% O <sub>2</sub> 95° T						mottled	BG: 28 mb 32 after intervention 30 mins

**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
Temp & Glucose	↓ BG ↓ thermoreg ↓ will to live

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
Temp < 97.8° (96-95°)			✓
Glucose < 45 (28-32)			✓

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
Patient status remained unchanged	Utilized all resources & interpersonal partnerships by getting transfer to NICU	Temp ↑ Glucose ↑ with close monitoring from NICU

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age <b>B Boy Williams NB</b></li> <li>G P AB L                      EDB / /                      Est. Gest. Wks.:</li> <li>Reason for admission <b>Unable to keep temp or Glucose in range</b></li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis <b>↓ Temp</b></li> <li>Most important obstetrical history <b>Gestational Diabetes</b></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 <b>Temp 95° Glucose 32mg/dL</b></li> <li>Assessment <b>Temp O<sup>2</sup> BG</b></li> <li>Diagnostics/lab values <b>Temp &lt; 97.8° BG &lt; 45mg/dl</b></li> </ul> </li> <li>Trend of most important clinical data (stable - increasing/<b>decreasing</b>)</li> <li>Patient/Family birthing plan?</li> <li>How have you advanced the plan of care? <b>NICU ?</b></li> <li>Patient response <b>understanding once reassured and offered resources</b></li> <li>Status (stable/<b>unstable</b>/worsening)</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care</li> </ul> <p><b>↑ BG &amp; ↑ Temp, maintain thermoregulation with continuous monitoring</b>      ↓ Glucose</p>

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:** Mom lives 3hrs from Hospital & will need resources

mom has a sister who tries to take the baby off unit

No visitation Privileges

O<sub>2</sub> mask was applied for desaturation ↓ 90% in post partum