

# OB Simulation Patient Preparation Worksheet

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

Student Name: Alina Elizarraraz Admit Date: \_\_\_\_\_  
 Patient initials: CW G 3 P 2 ABO L I M O EDD: 08/10/XX Gest. Age: 38 37 wks  
 Blood Type/Rh: O- Rubella Status: Immune GBS status: Negative  
 Obstetrical reason for admission: Induction of labor  
 Complication with this or previous pregnancies: Stillbirth, Gestational diabetes, PIH (Preeclampsia)  
 Chronic health conditions: PP depression, Maternal Obesity  
 Allergies: Morphine  
 Priority Body System(s) to Assess: CV, Renal, Endocrine

## 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
Gestational Diabetes	Placental hormone with pregnancy are blocking mom's normal insulin flow. Maternal pancreas can't keep up
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Macrosomia, Polyhydramnios, fetal distress	Baby is storing extra sugar as fat. High insulin & glucose decreases O <sub>2</sub> . Baby pees more causing more fluid

## 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.	Preeclampsia	DKA	Macrosomia	Stillbirth or Death
What interventions can prevent them from developing?	<ul style="list-style-type: none"> <li>Tight blood glucose control</li> <li>Continuous monitor BP</li> </ul>	<ul style="list-style-type: none"> <li>Stable blood glucose</li> <li>No skipping meals</li> <li>Good hydration</li> <li>Double check insulin</li> </ul>	<ul style="list-style-type: none"> <li>Balanced meal</li> <li>Glucose management</li> <li>Healthy wt.</li> <li>FHM</li> </ul>	<ul style="list-style-type: none"> <li>Tight control BG</li> <li>Healthy diet &amp; exercise</li> <li>Timely deliveries</li> </ul>
What clinical data/assessments are needed to identify complications early?	<ul style="list-style-type: none"> <li>Proteinuria</li> <li>Report &gt;140/90 BP</li> <li>Watch for edema</li> </ul>	<ul style="list-style-type: none"> <li>Ketones</li> <li>↑ blood glucose</li> <li>Fruity breath</li> <li>Vision changes</li> </ul>	<ul style="list-style-type: none"> <li>Fundal ht.</li> <li>Wt. tracking</li> <li>HbA1c, Amniotic fluid</li> <li>Hx</li> </ul>	<ul style="list-style-type: none"> <li>Absent variability</li> <li>Absent FRC</li> <li>Cramping, bleeds</li> <li>Oligohydramnios</li> </ul>
What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none"> <li>Healthy lifestyle &amp; diet</li> <li>Control BP &amp; glucose</li> </ul>	<ul style="list-style-type: none"> <li>IVF</li> <li>Continuous W insulin</li> <li>ABG</li> <li>Potassium replacement</li> </ul>	<ul style="list-style-type: none"> <li>Emergency delivery equipment available</li> <li>cesarean</li> <li>Assess bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Vaginal birth</li> <li>Emotion support</li> <li>Resumes</li> </ul>

