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 AB 0 L 1 M 0 EDD: 08 / 10 / XX   Gest. Age: 38 3/7 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 O2. 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?	· Tight blood glucose control · continuous monitor BP	· stable blood sugar · No skipping meals · Good hydration · double check insulin	· Balanced meal · Glucose management · healthy wt. · FHM	· tight control BG · healthy diet & exercise · Timed delivery
What clinical data/assessments are needed to identify complications early?	· Proteinuria · report >140/90 BP · watch for edema	· Ketones · ↑ blood glucose · fruity breath · Vision changes	· fundal ht. · wt. tracking · HbA1c, amniotic fluid · HX	· absent variability · absent FHR · cramping, bleeding · oligohydramnios
What nursing interventions will the nurse implement if the anticipated complication develops?	· Healthy lifestyle & diet. · control BP & sugar	· IVF · continuous IV insulin · ABG · Potassium replacement	· emergency C-section equipment available -c-section · Assess bleeding	· vaginal birth · emotional support · resources

Surgery or Invasive Procedures – *LEAVE BLANK if this does not apply to your patient*

Describe the procedure in your *own* words.

Procedure Induction Of Labor
Baby needs to come out. Physician goes in manoally to start labor. we will check cervix and get it soft. give oxytocin. monitor baby, mom, & ROM.

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.	Tachysystole	Uterine Rupture	Fetal Distress	Stillbirth or Death
What interventions can prevent them from developing?	· start with low dose of oxytocin · continuously monitor	· continuous to watch contractions · watch for earls als	· continuous FHM · Monitor UC · Titrate oxytocin · maternal hydration	· Continuous FHM · start oxytocin low · maintain SUW Perfusion
What clinical data/assessments are needed to identify complications early?	· continuous monitor -> 5 in 10min -> 90 sec · FHR - late/available decel	· FHR: · braadycaraia, - late decel - loss of fetal station · loss of contraction · sudden Abd. Pain	· tachy or braadycaraia · Markea variability · No Accels · maternal VS	· Absent Variability · braadycaraia · lak accel · Tachysystole · meconium
What nursing interventions will the nurse implement if the anticipated complication develops?	- Stop oxytocin! - lest lateral - IVF - O2	- IV - O2 - lest lateral - stop oxytocin	· Lest lateral - IVF · O2 · stop oxytocin · emercal delivery	· Prepare vaginal delivery · emotional support · offer resources

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
Meperidine	Opoid analgesic	attaches to opoid receptors & blocks pain signals	Drowsy, seadtion, slow breathing, Dry mouth, constipation, N/V, sweating	· Check RR, hold <12 · Pain assessment (4/10) · Narcan available · hold with low BP
Promethazine	Opoid agonist	Slows signals that cause nausea. Block dopamine & acetycholine.	Resp depression if mixed with opoid urinary retention, drowsy, sedation	· fall precautions, LOC · assess for dryness · IVP slowly · avoid CNS depressants
Oxytocin	uterotonic hormone	Helps body release prostaglandin, causes uterine contractions	tachysystole, N/V, HR, hypotension fetal: late decel, braadycarala	· Continuous FHM · watch contraction pattern: - 5 in 10min or > 90 sec, stop! · Tocolytics available
Humalog	Rapid acting insulin	Lowers blood sugar by moving sugar out of blood & into cells	Hypoglycemia: - sweat, dizzy, hunger Lipodystrophy Hypokalemia	· Teach how to give injection · follow your BS · food given within 15 min · Recheck BS.

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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	FHM, maternal VS		
Goal/Outcome	Stable mom, safe delivers, happy babs		
Priority Assessment/Intervention(s)	Rationale		Expected Outcome
1. Check Blood glucose	1. Prevent DKA, Prevent complications to fetus, guide our tx		1. good control - in normal range, no s/s of hypo & hyperglycemia
2. assess maternal BP	2. early detection of Preeclampsia, prevent further complications		2. About 140/00. All other VS stable hopefully no s/s of HTN
3. assess ROM, dilation, & effacement	3. See how far along we are from delivery. Prepare for delivery		3. Increase in dilation & effacement

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5	Infection
Metabolic Panel Labs		
glucose	148	Neonate hypoglycemia, Preeclampsia
AST/ALT	36/38	Liver Injury
Are there any Labs results that are concerning to the Nurse?		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Perfusion FHR, maternal HR	fruity breath			Proteinuria? fruity otc urine		BP	Renal: glucose

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