

# OB Simulation Patient Preparation Worksheet

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

Student Name: Andrea Fabela Admit Date: today  
 Patient initials: BBW G    P    AB    L    M    EDD:    /    /    Gest. Age: 38<sup>3/7</sup> wks.  
 Blood Type/Rh:    Rubella Status:    GBS status:     
 Obstetrical reason for admission: inability to stabilize temp following delivery  
 Complication with this or previous pregnancies: last pregnancy stillbirth, ↑ birth weight  
 Chronic health conditions:     
 Allergies: NKDA  
 Priority Body System(s) to Assess: TEMP, Neurological

## 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
hypoglycemic	glucose moves freely from placenta to fetus causing baby to be exposed w/ high glucose levels throughout pregnancy. Due to mom being diagnosed w/ gestational diabetes

## 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.	X	X	- Neurodevelopmental delay ↳ fine motor issues ↳ attention problems ↳ learning defects	- Seizures ↳ prolonged hypoglycemia can trigger seizures bc the brain is deprived of fuel
What interventions can prevent them from developing?			- early feeding immediately after birth = breast-feeding	- monitor glucose feed schedule ↳ 2-3 hrs maintain temp = keep warm
What clinical data/assessments are needed to identify complications early?			- blood glucose monitor ↳ every 2-3 hrs until stable ↳ 50 mins after feed	- Neurological assess ↳ recognizing early + late signs ↳ seizure ↳ poor feeding
What nursing interventions will the nurse implement if the anticipated complication develops?			- monitor neuro status closely ↳ level of alert ↳ muscle tone ↳ reflexes	- seizure precautions - maintain airway, breathing, circulation (ABC)

## 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.	X	X		
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 1mg IM	Vitamin	Vitamin K provider to help baby's blood to clot properly = help stop bleeding when it happens	injection site reaction slight stomach upset	<ul style="list-style-type: none"> <li>report if notice rash on newborn</li> <li>monitor VS = HR &amp; resp</li> <li>monitor for any jitteriness, fussiness, vomiting</li> </ul>
Erythromycin Ophthalmic Ointment 0.5 / 1 - both eyes	macrolide Aox	prevents bacteria from growing & replicating such as chlamydia, gonorrhea	<ul style="list-style-type: none"> <li>mild local irritation</li> <li>burning, redness</li> <li>watery eyes or mild swelling</li> </ul>	<ul style="list-style-type: none"> <li>Assess for any eye infection prior to admin.</li> <li>ensure infant is stable &amp; alert</li> <li>provide comfort measures for baby</li> <li>pull lower eyelid down &amp; place a small drop along conjunctival sac</li> </ul>
Hep B (Engerix B) ↳ consent 10 mcg IM	vaccine	protects baby from Hep B, which is a virus that can infect the liver & cause serious illness	most common is injection site reactions fussiness, irritability, fatigue or sleepiness	<ul style="list-style-type: none"> <li>ensure newborn is stable, alert &amp; healthy to receive</li> <li>baseline of VS prior</li> <li>avoid messing w/ site, rubbing</li> <li>report if see any rash</li> </ul>
Sucrose solution 24% 7 to 2ml PO	Analgesic	used in newborns for pain relief like from heelsticks, injections	gagging or coughing if swallowed too fast	<ul style="list-style-type: none"> <li>Assess if able to swallow</li> <li>after admin. spitting up, gagging or choking</li> <li>comfort measures</li> </ul>

## 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	Maintain safe blood glucose levels to prevent further complications	
Goal/Outcome	Blood glucose 740-70	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Blood glucose (heel stick)	1. treat hypoglycemia prior to S/S to develop	1. Newborn maintains stable glucose levels w/in range
2. Observing for S/S of hypoglycemia	2. S/S = jitteriness, lethargy, poor feeding, apnea, seizures	2. Infant will remain alert, active, & responsive
3. Monitor vital signs	3. monitor bradycardia, temp instability	3. HR & temp will be stabilized

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC (9.0-30.0)	10.5	sepsis or infection can contribute to low blood sugar
RBC (4.1-6.1)	10.6	Due to moms high blood sugar causes baby's tissues to get less oxygen
H & H (145-245)(44-64)	265, 654	
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
RBC, H & H		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
		alertness, muscle tone				temp	

**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: 1445		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
temp = 96.4 O <sub>2</sub> = 96%		grunting, ↑ RR, cyanotic	reflexes				glucose levels

**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
Assessing mom's boggy fundus	mom could have been hemorrhaging
Most Important Fetal Assessment Findings	Clinical Significance
catching resp distress s/s + monitoring glucose levels	due to low glucose levels baby experienced resp distress s/s

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
Hypoglycemic levels (28-35) → ↑45	✓		
Respiratory distress s/s	✓		

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
improved	provide GI glucose water + Breast milk provided oxygen to baby to improve s/s	glucose levels increased to normal range Respiratory distress s/s improved

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age Baby Boy Williams</li> <li>G P AB L EDB / / Est. Gest. Wks.:</li> <li>Reason for admission hypoglycemic</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis baby was presenting some grunting, cyanotic around lips, low O<sub>2</sub> stats</li> <li>Most important obstetrical history</li> <li>Most important past medical history weighed 9lbs 10oz</li> <li>Most important background data mom is a gestational diabetic</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:                             <ul style="list-style-type: none"> <li>Vital signs BP= 148/48, HR=148, T=96.6°F, O<sub>2</sub>=96% RA</li> <li>Assessment Cardiac, respiratory, &amp; glucose</li> <li>Diagnostics/lab values glucose levels were reading between 28-35</li> </ul> </li> <li>Trend of most important clinical data (stable - increasing/decreasing)</li> <li>Patient/Family birthing plan?</li> <li>How have you advanced the plan of care? elevating baby's glucose levels, &amp; treating 2D s/s.</li> <li>Patient response Crying, irritable</li> <li>Status (stable/unstable/worsening)                             <ul style="list-style-type: none"> <li>baby was stable once provided O<sub>2</sub> &amp; transferred to NICU</li> </ul> </li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care                             <ul style="list-style-type: none"> <li>Continue to monitor baby &amp; glucose levels.</li> </ul> </li> </ul>

O<sub>2</sub> therapy 96% RA  
 IV site N/A  
 IV Maintenance N/A  
 IV Drips N/A  
 Anesthesia Local / Epidural / Spinal / General  
 Episiotomy N/A Treatment N/A  
 Incision N/A Dressing N/A  
 Fundus Location \_\_\_\_\_ Firm / Boggy  
 Pain Score N/A Treatment N/A  
 Fall Risk/Safety Baby safety (Abduction)  
 Diet Breastfeeding / formula  
 Last Void N/A Last BM N/A  
 Intake N/A Output: N/A

### Notes:

baby was given vit. K / Hep B injections

mom's fundus was boggy, had mom void which helped fundus to become firm

Had a baby Abduction  
 ↳ baby was relocated & back with mom safe & sound

NAME: Andrea Fabeira

DATE: 11-19-25

**POST-CLINICAL REFLECTION OB Simulation Reflection - due on Thursday by 2359**

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
<p>What feelings did you experience in clinical?  Why?</p>	<p>At first, I felt very anxious and scared because I was the only one caring for a newborn. As I followed my plan of care, I began to relax a little. However, when the newborn was taken by his aunt, my nerves spiked again.</p>
<p>What did you already know and do well as you provided patient care?</p>	<p>In my scenario, I already knew to check the vital signs of both the mothers and the baby, use two patient identifiers, ask about allergies, and provide education about medications. Including checking baby's glucose level since he was born hypoglycemic by doing a heel stick.</p>
<p>What areas do you need to develop/improve?</p>	<p>What I need to improve on is understanding that newborn medications and vaccines don't all have to be given at once. They just need to be completed during the hospital stay, so the baby isn't overwhelmed or made uncomfortable.</p>
<p>What did you learn today?</p>	<p>Today I learned that a baby abduction can happen at any moment. Even with the best family support, it can happen to anyone. I also learned the code to call during an abduction and how to manage patient care when caring for two patients at once.</p>
<p>How will you apply what was learned to improve patient care?</p>	<p>I will apply what I learned today during next week's L&amp;D and mom-and-baby clinical rotation by staying aware of my surroundings and observing how the nurse stays organized and calm while caring for two patients in one room.</p>
<p>Please <b>reflect</b> on how your OB simulation learning experience assisted in meeting 2-3 of the <b>Student Learning Outcomes.</b></p>	<ol style="list-style-type: none"> <li>1. I ensured safety and quality for my newborn by staying close during family feeding and while transferring the baby back to the warmer.</li> <li>2. I used clinical judgment when my newborn's glucose levels did not improve after trying two different methods by calling the physician to ask for guidance on the next steps.</li> <li>3. I maintained professionalism by staying calm during the scenario and calling a Code Pink when my newborn patient was abducted by family.</li> </ol>