

OB Simulation Patient Preparation Worksheet

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

Student Name: Gracie Harrison Admit Date: _____
 Patient initials: BBW G3P2AB L1M EDD: 8/10/18 Gest. Age: 38³/₇
 Blood Type/Rh: mom: O⁻ Rubella Status: mom: immune GBS status: _____
 Obstetrical reason for admission: vaginal delivery
 Complication with this or previous pregnancies: large baby: 91bs 8oz; last birth stillbirth
 Chronic health conditions: GDM
 Allergies: NKDA
 Priority Body System(s) to Assess: 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
<ul style="list-style-type: none"> • Infant of diabetic mother • LGA 	<ul style="list-style-type: none"> • high maternal glucose crosses placenta = LGA infant • have disproportionate fat & organ enlargement
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
<ul style="list-style-type: none"> • hypoglycemia • temp instability 	<ul style="list-style-type: none"> • mothers excess glucose crosses placenta to the fetus the stops suddenly • newborns loose heat rapidly after birth & baby of DM mom less effective fat

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.	Gestational Diabetes	preeclampsia	Hypoglycemia	Seizures & neuro injury from severe hypoglycemia
What interventions can prevent them from developing?	<ul style="list-style-type: none"> • good blood glucose control • frequent prenatal visits 	<ul style="list-style-type: none"> • strict BP monitor • monitor for proteinuria • severe headache 	<ul style="list-style-type: none"> • early feeding • scheduled feeds • skin to skin 	<ul style="list-style-type: none"> • early feeding • scheduled feeds • maintain thermal stability
What clinical data/assessments are needed to identify complications early?	<ul style="list-style-type: none"> • blood glucose monitoring • A1C • fetal growth 	<ul style="list-style-type: none"> • elevated blood pressure GDM + ↑BP = ↑ risk 	<ul style="list-style-type: none"> • BG levels • Temperature • neuro assessment 	<ul style="list-style-type: none"> • BG levels • neuro assessment • seizure indications
What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none"> • administer insulin • dietary guidance • encourage hydration • hypoglycemia = give rapid carbohydrate 	<ul style="list-style-type: none"> • administer mag sulfate • antihypertensives • fetal monitoring 	<ul style="list-style-type: none"> • feed immediately • recheck BG • maintain warmth 	<ul style="list-style-type: none"> • IV glucose (D10W) • maintain airway • seizure safety

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
Vitamin K	vitamin; coagulant	helps newborn clot	<ul style="list-style-type: none"> • pain at site • possible allergic reaction 	<ul style="list-style-type: none"> - Give IM - monitor for bleeding - parent refusal?
Erythromycin ointment	antibiotic	prevents eye infection by killing bacteria	<ul style="list-style-type: none"> • mild eye redness • blurred vision 	<ul style="list-style-type: none"> - apply inner → outer - do NOT touch eye w/ tip - wipe excess after 1 min
Hep-B vaccine	vaccine	triggers baby's immune system	<ul style="list-style-type: none"> • low-grade fever • sore at injection site 	<ul style="list-style-type: none"> - parental consent? - administer IM opposite to Vitamin K
SUCRDse oral solution	analgesic	provides sweet taste inhaled endorphin to reduce pain	<ul style="list-style-type: none"> • hiccups • drooling • nothing severe 	<ul style="list-style-type: none"> - allow infant to suck - monitor for CHOKING - give 1-2 mL before pain

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	stabilize newborns blood glucose		
Goal/Outcome	newborn will maintain stable blood glucose & thermal regulation		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Blood Glucose Level - initiate early feeding 2. neurological status - jittery - abnormal cry - lethargy 3. Maintain Thermal stability - skin to skin - radiant warmer	1. detects glucose levels and IDM are at high risk for rapid onset hypoglycemia 2. Brain is first organ affected by hypoglycemia 3. Newborns, especially LGA/IDM use heat quickly	1. Newborn will maintain BG ≥ 45 mg/dL w/ no S/S of hypoglycemia 2. infant remains alert with normal tone & no jitteriness or seizures 3. Maintain stable axillary temp between 97.7°F & 99.5°F	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Hematocrit	65.4	HIGH = ↑ risk for hypoglycemia & ↓ brain perfusion
Hemoglobin	26.5	HIGH = ↑ risk for resp distress, hypoxia, hyperbilirubinemia
RBC count	10.6	HIGH = ↑ risk hypoglycemia & blood viscosity
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
Hemoglobin, Hematocrit & RBC count		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
- cap refill - heart rate - color - perfusion	- resp rate - pattern - grunting - nasal flaring - O ₂ sat	- jitteriness - tone - seizure	- feeding ability - latch & suck - intake amount	- urine output - first void - hydration status	- temp - warmth - color	- TEMP - HR - RR - O ₂ sat	- Blood glucose - check H&H