

OB Simulation Patient Preparation Worksheet

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

Student Name: Macy Nantz Admit Date: _____
 Patient initials: C.W. G 3 P 2 ABO L M O EDD: 8/10/XX Gest. Age: 38 weeks
 Blood Type/Rh: O neg Rubella Status: immune GBS status: negative
 Obstetrical reason for admission: induction of labor for pregnancy @ term w/ hx of gestational diabetes w/ FB
 Complication with this or previous pregnancies: pre-eclampsia, stillborn, gestational diabetes
 Chronic health conditions: gestational diabetes
 Allergies: Morphine
 Priority Body System(s) to Assess: cardiovascular (BP pre-eclampsia), fetal status (FHR/contractions), uterine/labor progress

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 / Elevated BP during induction	Placental hormones ↑ insulin resistance in pregnancy → pancreatic α cells compensate → maternal hyperglycemia → elevated glucose crosses the placenta, ↑ fetal growth → metabolic demand. Elevated BP ↑ risk for pre-eclampsia due to vascular dysfunction affecting uteroplacental perfusion.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
hypoglycemia after birth, macrosomia,	Baby is making excess insulin to compensate for mom's high BS, but after baby is born, baby keeps making insulin → hypoglycemia.

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.	Poor glycemic control, prolonged labor, hypertensive episodes	Pre-eclampsia → seizure or maternal stroke	hypoglycemia after birth	stillbirth, severe metabolic instability
What interventions can prevent them from developing?	Monitor BP, glucose, titrate oxy, assess labor progress	Mg for PEE, antihypertensives, stop oxytocin for tachycardia	Frequent FHR, glucose monitoring postpartum	Emergency delivery if fetal distress
What clinical data/assessments are needed to identify complications early?	vs. BP trends, glucose AC/HS, I&OS, FHR, contraction pattern, cervical changes	labs, neuro changes, reflexes, K/R pain	FHR variability, acis/detcs, P/PPHR, glucose screening	Persistent non-reassuring FHR
What nursing interventions will the nurse implement if the anticipated complication develops?	Treat BP, adjust insulin/glucose, adjust oxytocin, position changes, O2, fluids, notify provider	Emergency C-section, seizure precautions	Feed early, glucose checks	NICU transfer, resuscitation

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
oxytocin	uterotonic	stimulates uterine contractions	tachysystole, fetal distress	monitor FHR, contractions, STOP if tachysystole
Lactated Ringer	isotonic fluid	expands intravascular volume	fluid overload	monitor I&O, B/P
Humalog Insulin	Rapid Acting Insulin	drives glucose into the cell to lower serum blood sugar level	hypoglycemia	glucose checks AC & bedtime per orders
meperidine	opioid analgesic	↓ pain	sedation, constipation, N/V	hold if RR ↓, assess FHR
Promethazine	antiemetic	relieves nausea/ vomiting	drowsy, dry mouth	Dilute IV, monitor sedation

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	Maintain maternal hemodynamic stability & fetal well-being during induction	
Goal/Outcome	Maternal BP & glucose remain controlled and FHR remains stable throughout labor.	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Monitor BP, glucose, FHR & contraction pattern	1. Detect signs of PEC, hypoglycemia, fetal distress early	1. Stable VS, reassuring FHR
2. Titrate oxytocin	2. Prevent tachysystole & fetal intolerance	2. Proper labor progress w/o fetal or maternal distress
3. Position, hydrate, reduce oxytocin if non-reassuring FHR	3. Improve placental perfusion	3. FHR returns to baseline

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	18.5 ↑	stress in response to labor?
Metabolic Panel Labs		
GLUCOSE	148 ↑	gestational diabetes, maybe poorly controlled
AST/ALT	38 ↑	watch PEC
Are there any Labs results that are concerning to the Nurse?		
yes, glucose & mildly elevated liver enzymes due to PEC RISK		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
HR, O2s of pre-eclampsia, BP trends, 10/10s	RR, O2 sat, work of breathing & sounds	mental status, headache, visual disturbances, reflexes	n/v rt epibias, RUQ/epigastric pain	vaginal exam, membrane status, contraction pattern, voiding frequency, glucose/protein in urine	warmth, color, perfusion	BP 119-30 min, temp 99, HR & RR, pain level	

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

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

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

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

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> • Name/age • G P AB L EDB / / Est. Gest. Wks.: • Reason for admission
Background
<ul style="list-style-type: none"> • Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data
Assessment
<ul style="list-style-type: none"> • Most important clinical data: <ul style="list-style-type: none"> • Vital signs • Assessment • Diagnostics/lab values <p><i>Trend</i> of most important clinical data (stable - increasing/decreasing)</p> • Patient/Family birthing plan? • How have you advanced the plan of care? • Patient response • Status (stable/unstable/worsening)
Recommendation
<ul style="list-style-type: none"> • Suggestions for plan of care

O2 therapy _____

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: _____