Baby Boy Williams

OB Simulation Patient Preparation Worksheet

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

Student Name: Crystal Vera Admit Date: 11/20/2020
Patient initials: Boy W. G__P__AB__L__M__EDD: __/__/__ Gest. Age: 38 3/7
Blood Type/Rh: unknown Rubella Status: _____ GBS status: _____
Obstetrical reason for admission: temperature disregulation - unable to stabalize
Complication with this or previous pregnancies: Gestational Diabetes
Chronic health conditions: _____
Allergies: NKDA
Priority Body System(s) to Assess: Respiratory; Neuro

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 dm	mothers insulin cannot cross placenta easily and fetus is flooded with glucose
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
hypoglycemia	In the womb; baby recieves lots of sugar from poorly controlled blood glucose in gestational dm. mom. insulin makes baby large, once baby is born babys pancreas is still producing a lot of insulin but not recieving glucose from mom so insulin is making baby hypoglycemic.

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 - can lead to Fetal death due to acidic environment	Overgrowth of fetus OR Birth trauma	permenant Neurological damage
What interventions can prevent them from developing?	blood glucose control		early feeding heal stick monitoring	
What clinical data/assessments are needed to identify complications early?	hemoglobinA1c FHR - looking for late deceleration		heal stick blood glucose	
What nursing interventions will the nurse implement if the anticipated complication develops?	monitor mom for complications → Make sure Baby gets stabalized		• initiate BF OR 5-10mL of formula • Thermoregulation • IV Therapy • heel check at bedside	• patent airway • turn on their side • start IV • Oxygen support

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
Phytonadione (Vit K)	Vitamin FAT soluble	Clotting kickstarter	redness or swelling	administer into vastus lateralis shortly after birth
erythromycin opthalmic ointment	bacteriostatic	eye shield for baby's eyes to protect from bugs	Temporary Blurred vision or redness	put a thin ribbon about 1 cm to Lower conjuctival sac of both ee
Sucrose solution 24%	Sweetening agent/oral analgesic	sugar water	gagging if given to quickley	give prior to painful procedures like giving sho

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 stable blood glucose ≥ 45 mg/dL
Goal/Outcome	show NO signs of respiratory distress OR Neurological injury

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Skin to skin w/mom ASAP 2. early & frequent feedings Breast feeding ASAP after birth - (q 2-3 hrs) 3. Heel-stick monitoring perform glucose checks according to hospital procedures	1. Skin to skin to prevent cold stress - which makes Baby use all glucose stores 2. giving external sugar fast counters the infants ↑ internal insulin 3. if Detected early, hypoglycemia can be treated fast Before Baby has severe complications	1. infant will maintain a warm/stable temp between 36.5 - 37.5 °C. 2. Baby will successfully feed within the 1st hr of life and blood sugars 3. will be above 45 mg/dL Blood sugars will be checked and treated promptly if needed.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	10.6 ↑	
Hgb	26.5 ↑	
HCT	65.4 ↑	
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
Yes the ↑ RBC's means there are more cells needing to use glucose for energy making Babys sugars even more critically low		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
monitor HR rate 110 - 160 CAP refill?	grunting, Nasal flaring > 60bpm?	Jitteriness, tremors, High pitched cry	Feeding tolerance, sucking reflex	# of voids	is he mottling Cyanosis, Jaundice?	Check Temp and pulse ox (36.5-37.5)	glucose heel sticks ≥45 mg/DL