OB Simulation Patient Preparation Worksheet

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

Student Name: Macy Nanz Admit Date: _____
Patient initials: C.W. G 3 P 2 AB 0 L 1 M 0 EDD: 8 /10 /XX Gest. Age: 39 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 & PIH
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 → pancreas can't 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 PEC, antihypertensives. stop oxytocin for tachysystole	Frequent FHR, glucose monitoring postpartum	Emergent 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, RUQ pain	FHR variability, accels/decels, Apgar, 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	utero-tonic	stimulates uterine contractions	tachysystole, fetal distress	monitor FHR, contractions, STOP if tachysystole
Lactated Ringer	isotonic fluid	expands intravascular volume	fluid overload	monitor lsk Os, 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

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 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, sis of preeclampsia, BP trends, Is/Os	RR, O2 Sat, work of breathing & sounds	mental status, headache, visual disturbances, reflexes	n/v rt opioids, RUQ / Epigastric pain	Vaginal Exam, membrane status, contraction pattern voiding frequency glucose/protein in urine	warmth, color, perfusion	BP q15-30min temp q4 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. 3 min Dur. Str.	Dil. in Eff. didn't get to this Sta. delivery Prest. time before BOW	FHR Var. moderate Accel. yes Decel. TX.	stage 2 → pushing phase	Meperidine given for pain	Reassurance given, complicated past pregnancies	
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
TBS, delivery imminent	insulin needed to protect baby, get mom, family, & room prepared for delivery
Most Important Fetal Assessment Findings	**Clinical Significance**
baby not really assessed in my scenario → was worried about LGA baby. HTN, hypoglycemia	

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
blood glucose	✓		
pain management	✓		
Prepare / deliver baby	✓?		
Education on diet / diabetes	✓		

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
Pt delivered baby and had no postpartum hemorrhage issues Pt was reassured and educated during labor, helping ease anxiety. Pt educated on diet, healthy & pregnancy.	CBM baby for any complications from poor controlled BS during pregnancy. Pt education on cat litter and how to be set up for a healthy pregnancy.	Mom will know how to have a healthy pregnancy & anxiety will decrease.

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Cynthia Williams
- G3 P3 AB L2 EDB 08 / 10 / XX Est. Gest. Wks.: Post-partum
- Reason for admission ↓ fetal movement → induction

Background

- Primary problem/diagnosis complicated pregnancy → gestational diabetes, PGP | pre-eclampsia hx
- Most important obstetrical history previous stillbirth @ 34weeks, prior pre-eclampsia, GBS neg, Rh-neg
- Most important past medical history HTN, poor glycemic control
- Most important background data anxiety, needs a lot of reassuring, fam @ bedside and want to be very involved, diet management
  Dr likes to be very involved in moms progress

Assessment

- Most important clinical data:
  - Vital signs HR 94, BP 130/84, RR 18, temp 98.6
  - Assessment vital signs stable, fundus firm @ u/u, lochia is rubra, breastfeeding assistance provided
  - Diagnostics/lab values

Trend of most important clinical data (stable - increasing/decreasing) monitor BP / glucose, fundus, lochia, pain, banding,

- Patient/Family birthing plan? vaginal delivery, skin to skin, breastfeeding ed given, no epidural breastfeeding ed.
- How have you advanced the plan of care? cont to monitor fundus, emotional support, mobility start to encourage
- Patient response anxious → lots of ed
- Status (stable/unstable/worsening)

Recommendation

- Suggestions for plan of care

O2 therapy ✓ 98% RA

IV site Left forearm w/ LR @ 125mls/hr

IV Maintenance dressing clean, dry, intact

IV Drips ↗

Anesthesia Local / Epidural / Spinal / General

Episiotomy ✓ Treatment ✓

Incision ✓ Dressing ✓

Fundus Location u/u midline (Firm) / Boggy

Pain Score ✓ Treatment ✓

Fall Risk/Safety ✓ start to ambulate, been on bed rest for 3 weeks

Diet diabetic diet

Last Void ✓ Last BM ✓

Intake ✓ Output: ✓

Notes:

LEO → cat → monitor baby → toxoplasmosis