OB Simulation Patient Preparation Worksheet

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

Student Name: __Sadie Fregia__   Admit Date: _____

Patient initials: __B.S.__   G _3_ P _2_ AB __ L __ M __ EDD: _/ / _ Gest. Age: __Unknown__

Blood Type/Rh: __Pending__ Rubella Status: __Pending__ GBS status: __Unknown__

Obstetrical reason for admission: __Pregnancy at unknown gestation in labor__

Complication with this or previous pregnancies: __No prenatal care, previous pre-term w/death__ @ 3month

Chronic health conditions: __None reported__   __unknown GA.__

Allergies: __NKDA__

Priority Body System(s) to Assess: __Obstetric, Fetal well-being, cardiovascular__

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
Pregnancy in labor with unknown gestational age	Due to not receiving prenatal care, both maternal & fetal risks are increased.

Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
FHR with minimal variability, no accelerations	Fetal oxygenation could be impaired if baby is not sleeping.

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.	Labor complication due to lack of prenatal care	C-Section due to fetal distress	Fetal distress due to decreased oxygen flow	Fetal death due to fetal hypoxia
What interventions can prevent them from developing?	-Frequent VS -Monitor contraction -Pain manage -Emotional supp.	-Continuous FHR -maternal reposition -early recognition of changes	-FHR monitor -left lateral -oxygen	-IUR -oxygen -IV bolus -stop oxytocin
What clinical data/assessments are needed to identify complications early?	-Vital signs -cervical dilation -pain level	-vital signs -FHR changes -signs of labor intolerance	-Baseline FHR -variability -Accels or decels	-FHR patterns -recurrent decels -absent variability
What nursing interventions will the nurse implement if the	-Reassess labor progress -provide comfort	-IUR -notify provider	-Reposition mother -IUR -continue fetal monitor	-Prepare for c-section -IUR

anticipated complication develops?					

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
Lactated ringers 125ml/hr	Isotonic IV fluid	Improves hydration and blood volume	fluid overload	- monitor IV site - assess lung sounds & urine output
Meperidine 25mg IVP Q2	Opioid analgesic	- Reduces pain. ~~by binding to opioid receptors~~	- sedation - nausea - resp. depression	- monitor pain level - assess RR - monitor FHR
Promethazine 12.5mg IVP Q4	anti-metic	~~Blocks~~ Reduces nausea	- drowsiness - hypotension	- dilute & administer slowly - monitor BP
Penicillin G	antibiotic	Prophylaxis to prevent infection	- GI upset - allergic reaction	- monitor for allergic reactions
Oxytocin 20units	uterotonic	stimulates uterine contractions	- water intoxication - uterine hyper-tonility	- monitor uterine tone - massage fundus - monitor for hemorrhage

(left margin notes: "pain 4/10" next to Meperidine; "nausea" next to Promethazine)

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 & fetal safety during labor	
Goal/Outcome	Stable vital signs, reassuring FHR pattern, safe labor	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Continuous FHR monitor	1. Detect fetal compromise early	1. FHR remains within normal limits
2. Maternal repositioning	2. Improves uteroplacental perfusion (blood flow)	2. Improved FHR variability
3. IV fluid management	3. Supports maternal circulation & fetal oxygenation	3. Stable maternal vital signs and FHR pattern

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC ↑	16.5	possible infection or stress
Hgb ↓	10.5	possible anemia
Hct ↓	31.5	decreased oxygen-carrying abilities
Metabolic Panel Labs		
Pending		
Are there any Labs results that are concerning to the Nurse?		
Elevated WBC, low Hgb/Hct		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
HR-102 BP-138/88	RR 18 O2 95% (RA)		Abdominal pain			Mild tachycardia	Minimal FHR variability

4