

Objective Structured Clinical Assessment Form

Participant's first and last name:

Instructions: The steps for managing pregnant women with preeclampsia are listed below. For each step, observe the student and rate their performance as “inadequate,” “partially adequate,” or “adequate.”

Inadequate (0): Incorrect application or omission of a step

Partially Adequate (1): The steps are performed correctly and in order, but there is no smooth transition from one step to the next

Satisfactory (2): Correct and sequential execution of the steps; smooth transition from one step to the next

	Phase I	Inadequate (0)	Partially Adequate (1)	Satisfactory (2)
1	Self-Introduction			
2	Verify the patient's identity			
3	Ensuring proper hand hygiene			
4	Obtaining approval for procedures			
5	Assessment of vital signs (temperature, pulse, blood pressure, respiration)			
6	Evaluation of laboratory test results (Complete blood count, ALT, AST, CUE, Urea, Uric acid, Creatinine)			
7	Evaluation of Fetal Monitoring Findings			
8	Assessment of fetal movements (maternal)			
9	Providing training on fetal movement monitoring			
10	Assessment of Urine Output			
11	The pregnant woman should be informed about recording oral intake for monitoring purposes.			
12	Assessment of edema via the tibia			
13	Assessment of Headaches Using the VAS			
14	Assessment of Level of Consciousness (Place, Person, Time)			
15	Assessment of Visual Impairments			
16	Assessment of Nausea and Vomiting			
17	Assessment of Epigastric Pain Using the VAS			
18	Placing the Pregnant Woman in the Left Lateral Position			
19	If preeclampsia-related symptoms worsen, she should contact the doctor using the SBAR technique			
20	Sound and light insulation of the room			
21	Visitor restrictions will be implemented/informed.			
22	Informing the Pregnant Woman (Preeclampsia and Warning Signs)			
23	Recording all procedures			

	Phase II	Inadequate (0)	Partially Adequate (1)	Satisfactory (2)
1	Verify the patient's identity			
2	Ensuring proper hand hygiene			
3	Monitors Mg therapy as directed by the physician			
4	Assessment of vital signs (temperature, pulse, blood pressure, respiration)			
5	Evaluation of laboratory test results (Complete blood count, ALT, AST, CUE, Urea, Uric acid, Creatinine)			
6	Assessment of Urine Output			
7	Assessment of edema via the tibia			
8	Assessment of Headaches Using the VAS			
9	Assessment of Epigastric Pain Using the VAS			
10	Evaluation of Fetal Monitoring Findings			
11	If preeclampsia-related symptoms worsen, she should contact the doctor using the SBAR technique			
12	Calcium gluconate should be kept readily available to counteract magnesium toxicity.			
13	It provides information to the pregnant woman and her family about magnesium therapy and its side effects.			
14	Preparing the necessary supplies for managing an eclampsia crisis (laryngoscope, suction catheter, airway, diazepam amp.)			
15	Assessment of the patellar reflex (hyperreflexia)			
16	Assessment of Tonic-Clonic Seizures			
17	Place the patient on their left side to prevent aspiration and ensure airway patency			
18	Providing O ₂ support			
19	Taking the necessary precautions to prevent patients from falling			
20	Maintained appropriate therapeutic communication with the patient and their family members throughout the process (reducing anxiety, providing information about the patient's condition, etc.)			
21	Recording all procedures			