

Student Name: _____ OB Simulation Scenario # _____ Patient Initials: _____ Date: _____

IM6 OB-Simulation Report Sheet

Intrapartum Report Sheet		Postpartum Report Sheet	
1. Diagnosis Admit Date: _____ Time: _____ Age: _____ Race: _____ Marital Status: _____ Allergies: _____ Medications: _____ LMP: _____ EDD: _____ Estimated Gestational Age: _____ G: _____ T: _____ PT: _____ AB: _____ L: _____ M: _____	2. Maternal Lab Blood Type & Rh: _____ Antibodies: _____ RhoGAM @ 28-32 Weeks: _____ Rubella: _____ GBS: _____ HIV: _____ HBsAg: _____ VDRL/RPR: _____ Gonorrhea: _____ Chlamydia: _____ Glucose screen: _____	1. Diagnosis: Age: _____ Race: _____ Marital Status: _____ Allergies: _____ LMP: _____ EDD: _____ Prenatal Care: _____ Gestational Age: _____	2. Delivery Information: Delivery Date: _____ Time: _____ <input type="checkbox"/> Vaginal <input type="checkbox"/> C-section <input type="checkbox"/> BTL If C/S, reason: _____ <input type="checkbox"/> Episiotomy or Lacerations: Anesthesia: <input type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural Analgesia in L & D: Quantitative Blood Loss: _____
2. Maternal / Fetal Assessment T _____ B/P _____ P _____ R _____ O2Sat _____ Cervix: Dili: _____ Eff: _____ Sta: _____ PP: <input type="checkbox"/> Vtx <input type="checkbox"/> Breech <input type="checkbox"/> Other: _____ Membranes: <input type="checkbox"/> Intact <input type="checkbox"/> SROM <input type="checkbox"/> AROM (time): _____ Color: _____ Odor: _____ Uterine Contractions: <input type="checkbox"/> TOCO <input type="checkbox"/> IUPC Freq: _____ Dura: _____ Intens: _____ Fetal Heart Rate: <input type="checkbox"/> US <input type="checkbox"/> FSE Baseline: _____ Variability: _____ Accelerations: <input type="checkbox"/> Present <input type="checkbox"/> Absent Decelerations: <input type="checkbox"/> Early <input type="checkbox"/> Late <input type="checkbox"/> Variable <input type="checkbox"/> Prolonged Interventions: <input type="checkbox"/> IUR <input type="checkbox"/> Provider Notified	5. Birth / Delivery Plan Type Delivery Desires: <input type="checkbox"/> Vaginal <input type="checkbox"/> VBAC C-Section: <input type="checkbox"/> Repeat <input type="checkbox"/> Primary Pain Control Desires: <input type="checkbox"/> Epidural <input type="checkbox"/> Spinal <input type="checkbox"/> IV medications only <input type="checkbox"/> Natural - no medication Special Birthing Plan Request: <input type="checkbox"/> Support person present <input type="checkbox"/> Dula present <input type="checkbox"/> Immediate Skin to Skin <input type="checkbox"/> Immediate Breastfeeding <input type="checkbox"/> Father to cut cord	3. Maternal Information: T _____ B/P _____ P _____ R _____ O2Sat _____ Fundus: _____ @ _____ Lochia: _____ Foley: _____ Voided @ _____ Blood Type & Rh: _____ Antibodies: RhoGAM @ 28-32 Weeks: <input type="checkbox"/> Type & Screen/RhoGAM needed: <input type="checkbox"/> Rubella: <input type="checkbox"/> Immune <input type="checkbox"/> Non immune GBS: <input type="checkbox"/> Positive <input type="checkbox"/> Negative HIV: _____ HBsAg: _____ VDRL/RPR: _____ Significant History / Complications: _____	4. Newborn Information: Sex: _____ Apgar: 1min: _____ 5 min: _____ 10 min: _____ Weight: _____ lbs. _____ oz. _____ or _____ gms. Length: _____ in. / _____ cms. Admitted to: <input type="checkbox"/> NNB NSY <input type="checkbox"/> NICU Voided: _____ Stool: _____ Newborn Complications: Concerns: Feeding plan: <input type="checkbox"/> Breast <input type="checkbox"/> Bottle

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Clinical Judgment Questions	Bow Tie - Clinical Judgement		
What matters most? (Recognize clues)	Nursing Actions (r/t Universal Competencies)	Potential Condition # 1 (Skill/Disease/Problem)	Parameters to Monitor
What could it mean? (Analyze cues)		Why it this priority # 1	
Where do I start? (Prioritize)	Nursing Actions (r/t Universal Competencies)	Potential Condition # 2 (Skill/Disease/Problem)	Parameters to Monitor
What can I do? (Generate solutions)		Why it this priority # 2	
What will I do? (Take action)	Nursing Actions (r/t Universal Competencies)	Potential Condition # 3 (Skill/Disease/Problem)	Parameters to Monitor
Did it help? (Evaluate outcomes)		Why it this priority # 3	