OB Simulation Instructions and Outline

Welcome to OB simulation. The simulation environment is a “safe harbor” where students can perform patient care that would not normally be allowed in the hospital setting with actual patients. As much as possible, it is designed to be a “real” clinical experience. Therefore, it is considered clinical time and all policies apply in Sim lab just as they do in any other clinical setting.

The following guidelines will hopefully assist you in having a good learning experience:

1. **Prior to arrival for OB sim** review the OB sim lesson in LMS for detailed instructions
    a. Review the OB simulation learning guide.
    b. Watch the OB Room, Victoria, and Newborn Tory orientation videos.
    c. Open the appropriate Group 1 or Group 2 Week Scenario and Role Assignment folder to determine which Scenario you have been assigned as the TPCN.
        1) Alice Jones - Group B strep positive
        2) Baby Girl Jones - Respiratory distress, inability to stabilize temperature.
        3) Sarah Rogers - Premature rupture of membranes, breech presentation
        4) Ashley Smith - Preeclampsia/pregnancy induced hypertension.
        5) Brittany Spears - Unknow gestation age in labor
        6) Cynthia Williams - Gestational diabetes

    **** See recommended textbook readings listed below related to the above scenarios**

    d. Complete the Patient Preparation Worksheet pages 1-3 for you assigned patient.
    e. Upload the completed Patient Preparation Worksheet pages 1-3 for your scenario into your individual LMS drop box.
2. Bring with you to the simulation center a copy of
    a. Student Performance Checklist.
    b. The Patient Preparation Worksheet pages 4-5 for you assigned patient.

RECOMMENDED TEXTBOOK READING to help with your patients plan of care prior to OB sim

Foundation of Maternal-Newborn and Women's Health Nursing

- Summary of Major Risk Factors in Pregnancy, Table 7.3, Fundal height, pg. 134
- Hemorrhagic conditions of the placenta pgs. 208-211
- Classification of hypertension in pregnancy Table 10.1, Preeclampsia Pathology, pg. 216-220
- Severe Preeclampsia, Management, Anticonvulsant Medications, Drug Choice Magnesium Sulfate, and Postpartum Management pg. 222-224
- Diabetes and pregnancy pgs. 238-242
- Group B Strep pgs. 264
- Antepartum / Intrapartum Periods assessment-evaluation pg. 282-285
- PROM pgs. 436-437
- Induction of labor indications, contraindication, and risks pgs. 404-405
- Oxytocin Administration, Nursing considerations, fetal and maternal response pgs. 406-410
- Nursing Care after Birth pgs. 420-421

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Day of Simulation

1. Simulation times are Tuesday, and Wednesday 0800 - 1230
2. Wear your student uniform.
3. Manikins have breath sounds, and heart sounds that can be assess as a patient would be.
4. IM and SQ medications should not be injected into the manikins. Please use injection pad.
5. Save medication bottles after you draw up medications, as they are refilled for reuse.
6. Wash your hands prior to touching the manikins.
7. No food is allowed in the simulation patient room.
8. You may have drinks in the simulation debriefing rooms if the drink has a lid.

Tuesday - a mid-morning break will be given.

Orientation to OB Simulation

1. Quick review of
    a. Bathrooms/breaks
    b. Confidentiality - no cell phone pictures, or video of scenarios will not be allowed.
    c. Scenarios and roles: TPCN, CN, Family member
    d. Orientation videos - OB Room/Victora/Tory/Med2Grow car

2. **Scenarios**
    a. Pre-brief, perform the scenarios, and de-brief on three of the assigned scenarios.

Wednesday - a mid-morning break will be given.

1. **Scenarios**
    a. Pre-brief, perform the scenarios, and de-brief on three to four of the assigned scenarios.

The scenarios are designed to give you a variety of experiences. This clinical experience is like all others – You get out of it what you put into it. If you apply yourself, you will learn more. Also, we'll have some fun. See you in OB Sim Lab.