

# OB Simulation Patient Preparation Worksheet

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

Student Name: Andrew Romero

Admit Date: \_\_\_\_\_

Patient initials: Britney S. G3 P2 A1 (T1 P1 L1) M0 EDD: \_\_\_ / \_\_\_ / \_\_\_ Gest. Age: \_\_\_

Blood Type/Rh: \_\_\_\_\_ Rubella Status: \_\_\_\_\_ GBS status: \_\_\_\_\_

Obstetrical reason for admission: severe abdominal pain

Complication with this or previous pregnancies: denied knowing she was pregnant & has not obtained prenatal care

Chronic health conditions: None/Pending Labs

Allergies: NKDA

Priority Body System(s) to Assess: abdominal assessment/ **Vaginal Exam** – 4-5 cm/ 90%/ -1/ active phase

## 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 for any postpartum patient.**

**Complete the newborn implications for any newborn infant.**

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
Stage 1 – Active Phase Labor	Labor will progress faster for a multipara; discomfort and behavior changes are increasing; soon leading into transition stage We should also determine what gestational age she is in due to lack of knowledge and prenatal care.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Sterile Vaginal Exam	Monitoring for SROM/ROM → progressing throughout labor and second stage of labor; keep monitoring FHR

## Problem Recognition

To prevent a complication based on the primary medical problem, answer each question in the table below.

Question	Most Likely Maternal	Worst Possible Maternal	Most Likely Fetal	Worst Possible Fetal
Identify the most likely and worst possible complications.	Delivery of a healthy term infant	The delivery of a premature/LBW fetus	Protective Barrier is Lost –leading to organisms getting into intrauterine cavity	Prolapsed Cord leading to: Decelerations & Bradycardia FHR
What interventions can prevent them from developing?	Terbutaline (can suppress labor)	Prenatal care for next pregnancy, resources to help this baby get the stuff they need	Delivery within the first 24 hours; Ambulation if fetal head is secured at 0 and FHR is stable	Assisting with Amnihook Rupture with MD/Physician, all goes smoothly
What clinical data/assessments are	Ultrasound & Tocodynamometer, Checking her cervix	Prenatal Visits, FHR, gestational age, when did she	Monitor the FHR after the ROM	Monitoring the FHR after the ROM for a full minute; priority

needed to identify complications early?	for effacement and dilation	have her LMP		
What nursing interventions will the nurse implement if the anticipated complication develops?	Prepare for a baby! Notify physician! Nonpharmacological and pharmacological treatments are applied (spinal/epidural/local if they want) (counterpressure)		Careful observation	Examining the cervix gently & not forcefully

## Surgery or Invasive Procedures - *If this does not apply to your patient leave blank*

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	Worst Possible Maternal	Most Likely Fetal	Worst Possible Fetal
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

Any new drugs ordered during scenario must be added to the sheet before student leaves the simulation center for the day.

Medications	Pharm. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/nursing responsibilities
Terbutaline 0.25 mg	Beta Agonists	Stop or prevent premature labor in pregnant women	Uncontrollable shaking of body part; dizziness; HA; sweating; flushing	For tachysystole or non-reassuring fetal heart rate
Meperidine 25 mg IVP every 2hrs PRN	Opioids	Treat moderate to severe pain	Bradycardia; bradypnea; confusion; mood changes	Moderate to severe pain (4/10) Serotonin syndrome → agitation, hallucinations, fever, shivering, tachycardia, twitching, diarrhea, loss of coordination
Promethazine 12.5 mg IVP every 4 hrs (diluted in 10ml)	Antihistamines	Used to treat allergy symptoms	Severe drowsiness; seizure; jaundice; uncontrolled muscle movements	May interact with antidepressants, antipsychotics, and other drugs that cause sedation
Penicillin G 5mU IVPB Then 2.5mU Q4	Natural Penicillin	Is an antibiotic that is used to treat many type of infections caused by bacteria	Allergic reaction (hives, SOB, swelling in face)	
Cefazolin 2 gms IVPB, Then 1 gm Q8	Cephalosporin	An antibiotic to treat bacterial infection	Allergic reaction	
Oxytocin 20u to 1000ml LR after delivery of placenta	Uterotonic Agent	A hormone that is used to induce labor or strengthen uterine contractions, or to control bleeding after childbirth	Fast, slow, or uneven HR; excessive bleeding long after childbirth;	Tell us if you have a small pelvis; HTN; cardiac disease Obtain 20-minute baseline strip of uterine activity, FHR, and variability

## 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. For each intervention write the rationale and expected outcome.

<b>Nursing Priority</b>	Administering Penicillin G; Prepare for pregnancy for unknown gestation	
<b>Goal/Outcome</b>	A Successful Labor and Delivery with Healthy Child & Mother	
<b>Priority Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Get Mother strapped into the ultrasound and tocodynamometer after doing the Léopold maneuver	1. This allows us to monitor the strength of the mothers contractions, FHR, and keep a record	1. Hopefully the external monitoring picks up so we don't have to resort to internal monitoring
2. Administer Penicillin G for unknown Group B Strep	2. Labs are still unknown on the Group B strep if she is positive or negative, so safe to put her on the penicillin being unknown	2. This will also protect the baby during the course of labor and after if mother turns out to be positive for strep
3. Prepare for a sterile vaginal exam to see how dilated and effaced Britney is	3. By now, Britney should be progressing to the transition phase, contractions should be closer together 1 ½ -2 mins apart last 60-90 seconds	3. Transition Phase, 8-10 cm, 90-100%

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	16.5 H	Infection and Inflammation
Hgb	10.5 L	Anemia
Hct	31.5	Anemia
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
Not at the moment, still pending CMP		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other

					IV LR 1000mL at 125ml/HR w/ 18g	T: 99.6 HR: 102 R: 18 B/P 138/88 O2 95 - RA	FHR: 120 w minimal variability, no accelerations
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**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. Dur. Str.	Dil. Eff. Sta. Prest. BOW	FHR Var. Accel. Decel. TX.				
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?

<b>Most Important Maternal Assessment Findings</b>	<b>Clinical Significance</b>
<b>Most Important Fetal Assessment Findings</b>	<b>Clinical Significance</b>

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

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

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age</li> <li>G P AB L                      EDB / /                      Est. Gest. Wks.:</li> <li>Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis</li> <li>Most important obstetrical history</li> <li>Most important past medical history</li> <li>Most important background data</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:               <ul style="list-style-type: none"> <li>Vital signs</li> <li>Assessment</li> <li>Diagnostics/lab values</li> </ul> </li> <li><i>Trend of most important clinical data (stable - increasing/decreasing)</i></li> <li>Patient/Family birthing plan?</li> <li>How have you advanced the plan of care?</li> <li>Patient response</li> <li>Status (stable/unstable/worsening)</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care</li> </ul>

O2 therapy \_\_\_\_\_

IV site \_\_\_\_\_

IV Maintenance \_\_\_\_\_

IV Drips \_\_\_\_\_

Anesthesia Local / Epidural / Spinal / General

Episiotomy \_\_\_\_\_ Treatment \_\_\_\_\_

Incision \_\_\_\_\_ Dressing \_\_\_\_\_

Fundus Location \_\_\_\_\_ Firm / Boggy \_\_\_\_\_

Pain Score \_\_\_\_\_ Treatment \_\_\_\_\_

Fall Risk/Safety \_\_\_\_\_

Diet \_\_\_\_\_

Last Void \_\_\_\_\_ Last BM \_\_\_\_\_

Intake \_\_\_\_\_ Output: \_\_\_\_\_

**Notes:**