

# OB Simulation Patient Preparation Worksheet

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

Student Name: Mercedes Villalobos Admit Date: \_\_\_\_\_  
 Patient initials: B8 G3 P2 AB L1 M1 EDD: / / Gest. Age: \_\_\_\_\_  
 Blood Type/Rh: \_\_\_\_\_ Rubella Status: \_\_\_\_\_ GBS status: \_\_\_\_\_  
 Obstetrical reason for admission: Pregnancy at unknown gestation in labor  
 Complication with this or previous pregnancies: Severe abd pain, BPT  
 Chronic health conditions: \_\_\_\_\_  
 Allergies: NKDA  
 Priority Body System(s) to Assess: FHR, vaginal assessment, maternal vitals

## 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
Unknown gestation in labor	A series of continuous, progressive contractions of the uterus that help the cervix thin & lead to birth of fetus
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Unknown gestation - FHR min. variability	Fetal heart rate during uterine contractions

## 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.	<sup>(postpartum hemorrhage)</sup> BPT along w/ HR & RR, vaginal pain at unknown gestation	C-section/ Abruptio Placentae -infection	FHR becomes abnormal/absent	↓ fetal lung development -sepsis
What interventions can prevent them from developing?	Continuously monitor maternal/fetal VS Prepare for epidural	reduce anxiety monitor VS constant prepare for epidural	move the pt frequently	intrauterine resuscitation
What clinical data/assessments are needed to identify complications early?	• assessing VS • watching FHR • IV bolus for tachycardia	• FHR becomes abnormal/absent	• watching FHR • checking ROM • look for prolapsed cord	• check for PROM • check for abruptio placentae • assess FHR
What nursing interventions will the nurse implement if the anticipated complication develops?	• place pt on L side • apply O2 if needed • ↑ IV fluids	• keep pt informed bed rest	• turn pt frequently • monitor FHR & contractions • perform amnio- infusion	• turn pt • turn oxygen off • ↑ IV fluids • turn O2 on • notify HCP

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

Describe the procedure in your own words.

Procedure
Cesarean birth

## 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.	hemorrhage	infection - endomyometritis	injury to baby	lung immaturity
What interventions can prevent them from developing?	• watch BP • assess fundus & bladder	• IV dose of antibiotic	Promote stress free environment	Administer corticosteroids
What clinical data/assessments are needed to identify complications early?	• PTS VS • QBL • VS - B/P	• fever • uterine tenderness	• monitor FHR	fetal lung maturity testing
What nursing interventions will the nurse implement if the anticipated complication develops?	• IV fluids • monitor VS • massage the fundus	• monitor VS • prophylactic antibiotics	↓ anxiety to mom & fetus	• Have OR ready • NICU team ready

## 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
Oxytocin	uterotonic agent	stimulate contractions before/after labor	dy/srhythmias, BP changes	monitor VS, I&O's, and lung sounds
Terbutaline meperidine	Tocolytic opioids	suppress uterine activity used to tx mod-severe pain	↑ BGI, pulmonary edema dizziness, HA	I&O's, auscultate lungs, monitor BGI watch LOC, assist out of bed
Promethazine	Antihistamine	tx nausea & vomiting	dryness, double vision	watch LOC, assist out of bed
Penicillin, Cefazolin Clindamycin	penicillin cephalosporin linco mycin Disinfectant	to tx infections caused by bacteria	dizziness N/V diarrhea	• assist w/ ambulation • give antihistamine to help • promote fiber/watch I&O's
Epinephrine	broncho-dilator	to tx severe allergic reactions	irregular heartbeat dizziness weakness	• watch VS - cardio HR, RR • assist pt out of bed • check LOC
Carboprost Trometamine	uterotonic agent	stimulates uterine muscle to contract	• HA • N/V • tachycardia • HTN	• monitor VS • watch for vag. bleeding & uterine tone
Methylerg- onovine	uterotonic agent	stimulate uterine muscle to contract ↑ force & frequency of contractions	• N/V • HA • hypertension • bradycardia	• monitor VS • look for SOB & chest pain • watch contractions/vag bleeding
misoprostol	uterotonic agent	stimulate uterine muscle to contract	• HA • N/V • tachycardia • HTN	monitor VS, vag. bleeding & uterine tone

# Nursing Management of Care

- 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>	Prevent hemorrhage & Infection	
<b>Goal/Outcome</b>	Mom has a good labor / remains Pg if baby is Preterm	
<b>Priority Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Assess the patients vital signs	1. To help identify complications / promote a quick response	1. moms VS remain stable
2. Assess fetal heart rate & status	2. Stress can lead to compromised cardiac output insufficient placenta perfusion	2. Baby remains healthy w/ stable VS
3. Administer oxytocin or tocolytics to induce / ↓ labor	3. To induce labor if baby is compromised or suppress uterine contractions to promote growth of baby	3. fetus is born w/ stable VS & remains healthy w/ no complications

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	11.5 ↑	Possible Infection
Hgb	10.5 ↓	Possible hemorrhage
Hct	31.5 ↓	Possible hemorrhage
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
WBC, Hgb, Hct		

Pending

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