

OB Simulation Patient Preparation Worksheet

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

Student Name: Lauren Dane Admit Date: _____
 Patient initials: SR G 1 P 0 AB 0 L 0 M 0 EDD: 12/08/xx Gest. Age: 36
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: Negative
 Obstetrical reason for admission: SROM, breech presentation, contracting
 Complication with this or previous pregnancies: _____
 Chronic health conditions: None
 Allergies: NKDA
 Priority Body System(s) to Assess: FHR, fetal position and presentation, VS (esp. temp), abd

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 ONLY for any postpartum patient.

Complete the newborn implications ONLY for any newborn infant.

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
SROM at 36 weeks with contractions	Rupture of amniotic sac that surrounds fetus in uterus, which protects them from infection. Pt is contracting consistently and is having progressive cervical changes, meaning she is in the first stage of labor, and in the Latent phase.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Premature birth and infection	Gestational age of fetus is 36 weeks, which means fetus is premature. The SROM also puts pt at risk for infection, which could include chorioamnionitis. If infection were to occur, may cause fetal death.

Problem Recognition

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

Question	Most Likely Maternal Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
Identify the most likely and worst possible complications.	Infection, premature delivery	Sepsis, death	Premature birth	Death d/t fetal distress, infection
What interventions can prevent them from developing?	Abx, delivery of baby via c-section	Abx, delivery of baby via c-section	ROM and true labor is occurring, delivery is imminent	Deliver baby via c-section if still breech presentation and provide resp support
What clinical data/assessments are needed to identify complications early?	Monitoring temp, WBC count	Monitoring temp, BP, HR, WBC count	FHR, position	FHR, position

<p>What nursing interventions will the nurse implement if the anticipated complication develops?</p>	<p>Admin of abx, antipyretics, and notifying MD</p>	<p>Admin of abx, monitoring VS frequently, notifying MD</p>	<p>Monitoring FHR and turning mom or fully implementing IUR if fetal distress occurs, prepping mom for c-section, notify MD</p>	<p>Monitoring FHR and turning mom or fully implementing IUR if fetal distress occurs, prepping mom for c-section, notify MD</p>
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Surgery or Invasive Procedures – *LEAVE BLANK if this does not apply to your patient*

Describe the procedure in your *own* words.

Procedure
A cesarean section is a procedure in which the surgeon will carefully make an incision in the lower abd wall & uterus and deliver infant through incision.

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 Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
Identify the most likely and worst possible complications.	Greater blood loss, infection	Hemorrhage and death	Respiratory Distress Syndrome	Death
What interventions can prevent them from developing?	Prophylactic abx, massage fundus and administer oxytocin	Massage fundus, oxytocin admin, assessing bleeding frequently post c-section	Delaying labor, but this puts them at risk for infection	Continuous FHR monitoring and quickly delivering, IUR if indicated
What clinical data/assessments are needed to identify complications early?	Monitoring EBL by weighing blood-soaked items, fundal assessment frequently after birth, continuously monitoring VS	Monitoring EBL by weighing blood-soaked items, fundal assessment frequently after birth, continuously monitoring VS	Monitoring FHR during delivery, and VS (RR), color, cry after birth.	FHR, Monitoring FHR during delivery, and VS (RR), color, cry after birth.
What nursing interventions will the nurse implement if the anticipated complication develops?	Fundal massage, oxytocin, fluids, and antibiotics	Fundal massage, fluid bolus(es), oxytocin, airway support	Airway support	Airway support, having NICU team on standby

Pharmacology

New drugs ordered during scenario must be added 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	Oxytocic/ hormones	Stimulates smooth muscle in uterus to contract, preventing PP blood loss, also progresses labor	Painful contractions	Monitoring FHR during tx and contractions, monitoring blood loss PP, and monitoring frequency, duration and intensity of contractions
Terbutaline	Adrenergic	Relaxes smooth muscle	Nervousness, restlessness	FHR, frequency, duration and intensity of contractions
Cefazolin	1 st gen cephalosporin	Binds to bacteria cells, causing cell death	N/V/D, pain at IV site	Assess for signs of infection, monitor IV site for phlebitis, irritation

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's possible complications (listed on page one)**. For each intervention write the rationale and expected outcome.

Nursing Priority	Stable fetal HR and prevention of infection		
Goal/Outcome	Safe delivery, healthy baby		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Fetal Heart Rate	1. FHR is our #1 priority after SROM	1. FHR between 110-160, with variability and accelerations. Ability to intervene with IUR or delivery if necessary	
2. Mom's temperature	2. It's important to monitor mom's temp q2 after ROM	2. Prevention of infection	
3. Contraction frequency, duration and strength	3. Watch for tachysystole and intervene if necessary. Stopping tachysystole will help ensure baby is getting adequate oxygenation	3. Good fetal oxygenation	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	15.5	Elevated WBC is normal during pregnancy, but will need to continue to monitor since ROM and at an increased risk for infection
H&H	11.8/35.4	Can indicate anemia, can also increase risk of maternal transfusion and neonatal morbidity
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
The H&H is concerning to me, especially if the pt is going for a c-section. Women lose more blood during c-sections than vaginal delivery, and this patient is already anemic.		

Current Priority Focused Nursing Assessment

CV	Resp	Neuro	GI	GU	Skin	VS	Other

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?

Most Important Maternal Assessment Findings	Clinical Significance
Most Important Fetal Assessment Findings	Clinical Significance

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

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: