

OB Simulation Patient Preparation Worksheet

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

Student Name: Ty Skiles Admit Date: 11/8/24
 Patient initials: S.R. G 1 P 0 AB 0 L 0 M 0 EDD: 12/8/24 Gest. Age: 36
 Blood Type/Rh: Positive Rubella Status: Immune GBS status: Negative
 Obstetrical reason for admission: Spontaneous Rupture of Membranes
 Complication with this or previous pregnancies: Fetal Breech Presentation
 Chronic health conditions: N/A
 Allergies: NKDA
 Priority Body System(s) to Assess: Gastrointestinal

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
Breech Presentation	Rather than being positioned for a cephalic delivery, the fetus is positioned to deliver Sacrum First Through the Vaginal Canal.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Fetus is at risk for Hypoxia during vaginal delivery.	Presenting Sacrum First can cause Umbilical Cord Compression, Umbilical Cord Prolapse, or Fetal Head Compression that can inhibit adequate oxygen exchange between the mother and the fetus.

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.	Prolonged Labor	Postpartum Hemorrhage	Acute Hypoxia	Anoxic Brain Injury
What interventions can prevent them from developing?	Administer Oxytocin Reposition Pt.	Perform Fundal Massage	Monitor FHR Provide supplemental oxygen	External Version Monitor FHR Provide supplemental oxygen
What clinical data/assessments are needed to identify complications early?	Routine Cervical Exams	Monitor Maternal BP, HR, & O2 Sat.	Monitor FHR, RR, O2 Sat.	Monitor FHR, RR, O2 Sat. Assess for pallor or cyanosis
What nursing interventions will the nurse implement if the anticipated complication develops?	Educate Pt. on Relaxation Techniques	Fundal Massage Administer Blood	Provide supplemental oxygen	Provide supplemental oxygen Place intubated tube

Surgery or Invasive Procedures – LEAVE BLANK if this does not apply to your patient

Describe the procedure in your own words.

Procedure
· A C-section Allows for Birth to occur Through An Abdominal Incision Rather Than the Vaginal Canal.

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.	· Postsurgical Infection	Postpartum Hemorrhage	Infection	Respiratory Depression or Transient Tachypnea
What interventions can prevent them from developing?	· Maintain Sterile and Aseptic Technique	· Fundal Massage	· Initiate IV Antibiotic Therapy	· Administer supplemental Oxygen
What clinical data/assessments are needed to identify complications early?	· Monitor WBCs and H&H · Assess Surgical site For Redness, Swelling, or Drainage.	· Monitor Maternal HR, BP, & O2 Sat.	· Monitor WBCs, and H&H. · Assess For Signs of Pain or Discomfort	· Monitor FHR, BP, & O2 Sat. · Assess For Pallor or Cyanosis
What nursing interventions will the nurse implement if the anticipated complication develops?	· Administer IV Antibiotics · Routinely Cleanse Incisional Site	· Perform Fundal Massage · Administer Blood	· Administer IV Antibiotics · Initiate IV Fluid Therapy	· Insert Endotracheal Tube · Suction PRN

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
Cefazolin	Cephalosporin	Prevents Bacterial Reproduction By Halting Cell Wall Synthesis.	· Can Increase ALT or AST Levels · Oral candidiasis	· Monitor For Yellowing of the Skin or Eyes · Report Worry For Bloody Stools
Lactated Ringer's	Isotonic Fluid	A Solution of Electrolytes Comparable to the Composition of Blood Used For Volume Replacement.	· Fluid Overload · Edema	· Assess for Swelling · Routinely Monitor Serum Electrolytes · Monitor Breath sounds For Crackles
Terbutaline	Beta-2 Agonist	Binds to Bronchiole Receptors & Causes Surrounding Muscles to Relax.	· Tremors · Palpitations · Asthenia	· Monitor Serum Potassium Levels · Inform Pt. to Report Cramping or Tingling

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

Nursing Priority	Maintain Fetal & Maternal Wellness	
Goal/Outcome	Prevent Infection, Postpartum Hemorrhage, & Respiratory Depression.	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Monitor FHR	1. An Acceptable FHR of 110-160 BPM is Required For Proper Fetal Oxygenation and Circulation.	1. FHR Remains Within An Acceptable Range of 110-160 BPM.
2. Assess Fetal Presentation	2. If the Physician is Able to Adjust the Presentation of the Fetus, then the Mother Can Deliver Vaginally.	2. Fetus Should Be Repositioned to A Cephalic Presentation.
3. Perform Cervical Exam	3. The Mother Must Be in True Labor to Deliver Vaginally.	3. Continuous Progression of Cervical Dilatation and Effacement.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
White Blood Cells	15.5	Indicates Physical Stress & Possible Infection
Hemoglobin	11.8	Indicates Blood Loss & Puts Pt. At Risk For Anemia
MCHC	32	Creates A Risk For Hypoxia
Metabolic Panel Labs		
N/A		
N/A		
Are there any Labs results that are concerning to the Nurse?		
The low Hgb & MCHC Levels concern me, Because If Postpartum Hemorrhage Occurs, the Pt. is at A High Risk For Anemia & Hypoxia.		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Monitor maternal HR & compare w/FHR	Continuously monitor breath sounds for crackles	N/A	Assess bowel sounds prior to c-section to establish a baseline	Perform routine cervical exams to assess for progressive dilatation & effacement	Assess integrity prior to c-section.	Monitor Maternal HR, BP, & OR Sat. FHR Baseline should be 110-160 bpm	Routinely Assess Fetal Position, Presentation & Station.