OB Simulation Patient Preparation Worksheet
This section is to be completed prior to Sim Day 1:

Student Name: Brianna Fenton   Admit Date: 8/11/XX

Patient initials: AS   G 1 P 1 AB 0 LO M 0 EDD: 12/21/XX Gest. Age: 28 wks

Blood Type/Rh: A Positive Rubella Status: immune   GBS status: unknown

Obstetrical reason for admission: preeclampsia

Complication with this or previous pregnancies: Late Prenatal care, preeclampsia

Chronic health conditions: Anemia

Allergies: NKDA

Priority Body System(s) to Assess: cardiac/vs, fundus, lung

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
Preeclampsia	This could be from fluid not shifting after giving birth or body difficulties b/ readjusting
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
low birth weight	If the mother has no prenatal care/does drugs while pregnant, can risk for low birth weight

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.	preeclampsia	hemorrhage postpartum	preterm birth	fetal distress
What interventions can prevent them from developing?	• maintain healthy weight • diet • monitor BP	• massage fundus • oxytocin • adequate fluid management	• reg. prenatal visits • Address infection • promote healthy weight	continuous FHR ensure O2 immediate post birth care
What clinical data/assessments are needed to identify complications early?	• closely monitor BP • monitor urine (protein) • Blood tests	• weigh pads • monitor lochia • monitor US • fundal height monitoring	• OB Hx • lifestyle factors • cervical assess. • FHR • US	• FHR monitor • maternal US • contraction monitor • lab tests • assess prolapsed cord
What nursing interventions will the nurse implement if the anticipated complication develops?	• mag. sulfate • controlling BP w/ some type of medication	• oxytocin stops • VS • massage fundus of fluid resus.	• support breathing • thermoregulation • initiate feeding • ADX • prevent infection	• O2 • Fetal suction. • assess umbilical cord • FHR

1

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

Describe the procedure in your *own* words.

Procedure	C-Section

• C-section is when they take baby out of abdomen due to complications of vaginal delivery.

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.	wound infection	severe hemorrage	Respiratory distress	Birth trauma
What interventions can prevent them from developing?	• ABX • hand washing • wound clean & dry	• oxytocin • fluid replacement • VIS • uterotonic meds	• monitor VIS • lung sounds • get fluid out of cavities	• Preop consu, eval • appro, incision site • assess & manage position
What clinical data/assessments are needed to identify complications early?	• assess site • monitor VIS, temp. • WBC • redness, warmth, all	• BP, HR • fundus • monitor amnt of blood loss • clots	• lung sound • VS • FHR • OB hx	• Physical exam • HR & resp. rate • observe feeding & activity
What nursing interventions will the nurse implement if the anticipated complication develops?	• inspect wound • VIS • clean wound • change dressing • abx • pain	• stop oxytocin • VS • prepare for surgery	• give O2 • ensure airway patency • warming • notify neonatal team	• monitor VIS • thorough assess • manage physical injuries • support newborn needs

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 30 U to 500mL IVF 40 mL/hr	Uterotonic	• Induce contractions or stop/slow down bleeding.	N/V, HA, uterine rupture, Fetal distress	• watch for bleeding • monitor contractions • monitor FHR
PCA Morphine	Opiod analgesic	Alter pain perception & helps pain	drowss, dizzy, dry mouth, resp. depression, addiction	• resp. rate, O2 • FHR • watch for addiction
magnesium sulfate	tocolytic agent & anticonvulsants	Used to inhibit labor or prevent seizures	Flushing, resp. depression, weakness, ↑ magnesium	• resp. rate, O2 • S/s hypermag. • calcium gluc. as antidote

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	Blood Pressure	
Goal/Outcome	↓ BP	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Figure out why pt is having ↑ BP, & lung sounds abnormal	1. This could be the reason her BP is ↑ & we need to lower it	1. Get BP med. or med for fluid overload
2. Give Magnesium Sulfate	2. Prevent seizure from HTN	2. help lower BP & no seizure.
3. Monitor bleeding, lochia closely	3. Make sure pt is not hemorrhaging & need to give oxygen	3. catch hemorrage & get it healed early.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	13.5 H	could be a natural healing sign. poss. sign of infection
RBC	4.0 L	Blood loss, inadequate recovery
Platelets	100 L	Hemorrhage, preeclampsia
Metabolic Panel Labs		

Are there any Labs results that are concerning to the Nurse?

WBC: Possible infection

			Current Priority Focused Nursing Assessment					
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**		**Other**
• Heart Sounds • HR	• lung Sounds	• Seizure Signs	• constipation	• Bladder distention	• mucous membranes	• BP • Pulse • O2 • resp.		• Fundal height • Bleeding