

# OB Simulation Patient Preparation Worksheet

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

Student Name: Paige Ribordy-Dillen Admit Date: \_\_\_\_\_  
 Patient initials: AS G P I A B L I M EDD: 3/27/xx Gest. Age: 39wks  
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: Positive  
 Obstetrical reason for admission: SRGM, early labor  
 Complication with this or previous pregnancies: denies  
 Chronic health conditions: Asthma  
 Allergies: Penicillin  
 Priority Body System(s) to Assess: Respiratory, CV

## 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
SRGM	the membranes rupture in the uterus
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications

## 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/ Neonatal Complication	Worst Possible Fetal/ Neonatal Complication
Identify the most likely and worst possible complications.	infection	Thromboembolism	compression of umbilical cord	respiratory distress
What interventions can prevent them from developing?	antibiotics	Hydration move early	turn mem	turn mem
What clinical data/assessments are needed to identify complications early?	WBC, fever	Chest pain, low BP, feelings of dread	monitor FHR	FHR
What nursing interventions will the nurse implement if the anticipated complication develops?	give antibiotics, tx fever,	provide comfort warm application nurse limbs	push babies head in through vagina off cord	IVFR, turn Hydrate mem O2

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

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 Complication	Worst Possible Maternal Complication	Most Likely Fetal/ Newborn Complication	Worst Possible Fetal/ Neonatal Complication
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

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	labor induction	causes uterine contractions	dizziness N/V	FHR check for concerning decelerations
meperidine	opioids	agonist against pain receptors	dizziness sedation	Hypotension risk, check for respiratory depression
promethazine	antihistamine	block histamine & dopamine	urinary retention	blurred vision, dry mouth, HR & heart sounds
clindamycin	antibiotic	stop bacteria from spreading	D/V/N	GI upset, WBC
terbutaline	beta agonist	relaxes & opens airways	HA weakness	HR, RR, O <sub>2</sub>
terbutaline				

## 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.

<b>Nursing Priority</b>	Monitor labor progression	
<b>Goal/Outcome</b>	Dilation w no complications	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Vaginal exam	1. How dilated she is, what stage of labor she is in	1. Dilated overtime as baby descend
2. FHR	2. Baby is getting proper O <sub>2</sub>	2. stays within 110-140, goes w contractions
3. GBS tx	3. she has GBS monitor tx	3. Baby does not get GBS

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	12.5	they are higher could start of infection
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
GBS +		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
				3-4 cm 75% - 2 nitrocingt leaking clear fluid		T: 98.6°F P: 84 BP: 138/86 R: 16 O: 98% RA	FHR 140 mod var. acceleration

Pain 4/10