

# OB Simulation Patient Preparation Worksheet

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

Student Name: Abriane Trinidad imU 10-28-2024 Admit Date: 03-23-XX  
 Patient initials: A.J. GZ P  AB  LI M  EDD: 03/27/XX Gest. Age: 39w  
 Blood Type/Rh: O+ Rubella Status: immune GBS status: Positive  
 Obstetrical reason for admission: group B strep +  
 Complication with this or previous pregnancies: no  
 Chronic health conditions: none  
 Allergies: penicillin  
 Priority Body System(s) to Assess: sterile vaginal exam

## 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
group B strep +	an excess growth of a vaginal bacteria that can be harmful to baby if exposed.
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/Newborn Complication	Worst Possible Fetal/Neonatal Complication
Identify the most likely and worst possible complications.	preterm labor	stillbirth of baby		
What interventions can prevent them from developing?	Swabbing pt early	always treat w/ antibiotics just in case		
What clinical data/assessments are needed to identify complications early?	A swab of the vagina must be done	a swab & monitor fetal movement		
What nursing interventions will the nurse implement if the anticipated complication develops?	Start antibiotics	provide emotional support		

## 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
PNV + DHA	multi-vitamin	to provide nutrients for mom and baby	nausea cramps	teach to take daily for good prenatal care
Acetaminophen	analgesics	to relieve pain or fever reducer	nausea, or rash/hives	take with some food if rash appears stop taking & don't itch rash.
ibuprofen	NSAID	relieve aches/pain	Heartburn constipation	may need laxative or antacids

## 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>	Fetal Heart Rate & Admin Antibiotics	
<b>Goal/Outcome</b>	to prevent distress/exposure on baby	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Start mom on antibiotics	1. to kill group B strep bacteria so baby isn't exposed during birth	1. Bacteria doesn't get to baby.
2. Apply FHR & TOCO	2. to monitor baby while starting mom on meds.	2. Baby isn't distressed & mom delivers
3. prepare for labor	3. Baby is going to be delivered in 4 hrs from starting antibiotics	3. Happy, healthy baby

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
HCT/HGB	39.0% / 13.2 g/dL	NORMAL limits
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		

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
120/78 BP 110 HR 98% O2 99.6 temp	Freq. 2-3mins Dur. 1-2mins Str. 40-70mmHg	Dil. 10cm Eff. 100% Sta. +2 Prest. — BOW —	FHR 150'S Var. mod. Accel. — Decel. — TX. —	(1st) transition labor to birth of baby (2nd)	No pain meds at all	concerned w/ what meds were getting to baby	
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
mom changed her mind and did want pain med.	changes her birth plan, & had to educate mom/spouse that pain meds are acceptable
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
once pain med given mom felt some relief	X		
did not get to give antibiotic in time		X (for mom)	X (risk for baby)

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
Status improved & mom was able to deliver baby, only risk was baby was exposed to Group B.	Time manage better. Labor unexpectedly progressed quickly which led to mom not getting antibiotic in enough time.	To decrease baby's risk of exposure to group B.

## Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> <li>Name/age Alice Jones / 30yrs</li> <li>G2 P2 AB&amp; L2 EDB / / Est. Gest. Wks.: 39 WKS</li> <li>Reason for admission group B+; active labor</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis group B+, NO pain meds</li> <li>Most important obstetrical history group B+</li> <li>Most important past medical history</li> <li>Most important background data</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:               <ul style="list-style-type: none"> <li>Vital signs WNL</li> <li>Assessment pt was 10cm &amp; 100%</li> <li>Diagnostics/lab values group B+</li> </ul> </li> <li>Trend of most important clinical data (stable - increasing/decreasing) Stable w/ increase of pain</li> <li>Patient/Family birthing plan? Yes</li> <li>How have you advanced the plan of care? Reassuring mom pain meds are acceptable.</li> <li>Patient response unsure at first, but accepted</li> <li>Status (stable/unstable/worsening) Stable</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care</li> <li>To stick to birth plan and care of baby as best as possible.</li> <li>Monitor Baby closely, &amp; watch for signs of infection, apply eye ointment</li> </ul>

therapy NONE

IV site Lt. forearm

IV Maintenance 125ml/hr

IV Drips UNKNOWN

Anesthesia Local / Epidural / Spinal / General

Episiotomy — Treatment —

Incision — Dressing —

Fundus Location umbilicus Firm / Boggy

Pain Score 1/10 Treatment Demerol

Fall Risk/Safety YES

Diet NO restrictions

Last Void UNKNOWN Last BM at birth

Intake — Output: —

### Notes:

Provide pt. education, and encourage support mom. Spouse is unsure if he is dad and can be overbearing.