

OB Simulation Patient Preparation Worksheet

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

Student Name: Zane Fisher Admit Date: 11/4/24
 Patient initials: B.J G P AB L M EDD: / / Gest. Age: 39wks
 Blood Type/Rh: Unknown Rubella Status: Unknown GBS status: Unknown
 Obstetrical reason for admission: Birth of 39wk baby
 Complication with this or previous pregnancies: None
 Chronic health conditions: None
 Allergies: NKDA
 Priority Body System(s) to Assess: Temp, and skin color

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
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Newborn Hypothermia	Babies can typically get colder quicker because of their large surface area to body mass ratio, as well as thin skin, and immature thermoregulation.

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.			Hypoglycemia	Mortality
What interventions can prevent them from developing?			Get the baby warm and close to mom, and wrap them up to prevent temp loss.	Monitor babies glucose, and provide warmth, and skin to skin.
What clinical data/assessments are needed to identify complications early?			Temp, skin color, sleepy, refuse to feed, cold to touch	Reduced activity, feeding problems, cold, fever.
What nursing interventions will the nurse implement if the anticipated complication develops?			Get the baby warm and close to mom, and wrap them up to prevent temp loss.	Breastfeeding, skin to skin, warmth, oxygen.

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
Phytonadione	Vitamin	Used to help prevent bleeding	Hives, rash, pain	This will help your baby clot more and prevent bleeding.
Erythromycin Ophthalmic Ointment	Macrolide Antibiotic	Helps kill bacteria in the eye	Eye irritation, redness, cloudy or moist eyes	This will help prevent eye infections and irritations
Hep B vaccine	Vaccine	Helps prevent Hep B	Pain, soreness, redness, fever, vomiting, lack of appetite	Make sure to continue to get their next doses for Hep B
Sucrose Solution	Glycosyl compound	Helps relieve pain and discomfort	Oxygen desat, gagging, bradycardia	This sweet solution will help relieve pain and discomfort in the baby.

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	Increase babies temperature		
Goal/Outcome	Babies temp goes up		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Recommend skin to skin	1. Helps baby get warm from mothers warmth and has benefits from baby being with mother	1. Baby will get warmer and improve	
2. Warm O2	2. This will help baby breathe better and get the warmth from the oxygen	2. Babies temp will go up.	
3. Bundle baby in clothing	3. This will help the baby decrease their temp lost and keep in in the body	3. Babies temp will go up.	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	9.7	High because of hypothermia
Hgb	25.8	High because of hypothermia
HCT	65.9	High because of hypothermia
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
The RBC, Hgb, HCT		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	If declining baby may be getting too cold				Check skin temp to see if improving	Vitals due to hypothermia	

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 <p><i>Trend of most important clinical data (stable - increasing/decreasing)</i></p> • 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: