OB Simulation Patient Preparation Worksheet

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

Student Name: Halee Alsabrook Admit Date: 11-12-24
Patient initials: A.J. G 2 P 1 AB 0 L 1M 0 EDD:3 /27/ XX Gest. Age:
Blood Type/Rh: O/Rh Positive Rubella Status: Immune GBS status: Positive
Obstetrical reason for admission: SROM and Early Labor
Complication with this or previous pregnancies: NO
Chronic health conditions: History of Asthma
Allergies: Penicillin
Priority Body System(s) to Assess: Vaginal Assessment, FHM

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
SROM & Early Labor	Membranes ruptured with mom being at 39 weeks' gestation. The membranes begin to weaken the closer to term you are so that once water breaks normal labor is beginning
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Infection	Once membranes rupture you must go into the doctor because past 24 hours of being ruptured there is a higher chance of bacteria moving through the tract and onto baby

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.	Infection	Septic Shock	Early delivery	Fetal Demise
What interventions can prevent them from developing?	Sterile technique while doing vaginal exam and good hand hygiene	Infection becomes septic and spreads to blood stream	Antibiotics prophylactically	Fetal Demise
What clinical data/assessments are needed to identify complications early?	Lab Draws looking at WBC		FHM	

What nursing interventions will the nurse implement if the anticipated complication develops?	Begin antibiotics STAT and do routine blood cultures		Emergency delivery of baby	

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	Uterotonic Agent	Hormone used to induce labor and cause contractions to be stronger	Nausea, Vomiting, Intense and Frequent Contractions	Assess contractions and time between Assess FHR and stop oxytocin if there are decelerations
Meperidine	Opioids	Used to treat moderate to severe	Constipation	Assess for pain and respiratory depression
Promethazine	Antihistamine	Blocks natural histamine in the body	Drowsiness, Lightheaded feeling	Assess for dizziness and confusions
Clindamycin	Antibiotic	Fights bacteria in the body	Nausea, Vomiting, Stomach Pain, Vaginal Itching	Asses blood draws and look at WBC

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	Prevent Infection
Goal/Outcome	Infection prevented

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Perform a Vaginal Exam and inspect the color, smell and consistency of amniotic fluid and discharge exiting vagina	1. Examine to see if there are any signs and symptoms of infection present	1. Vaginal exam confirms no signs of infection
2. Check temperature Q1 hours since the membranes have ruptured	2. Checking temp every hour once membranes have ruptured will give us an accurate reading to make sure there is no increase in temperature	2. Temp less than 100 degree F indicates no infection at the moment
3. Interpret and read Fetal Heart Monitor	3. Making sure that baby isn't showing any S/S that mom might have an infection	3. Baby will have a normal heart rate, blood pressure and respirations

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	High WBC indicate infection
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
WBC, GBS Positive		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other

Yes	Yes				Yes	Yes	

This Section is to be completed in the Sim center- do not complete before!

Time: 1000		Focused OB Assessment					
VS	**Contractions**	**Vaginal exam**	**Fetal Assessment**	**Labor Stage/phase**	**Pain Plan**	**Emotional**	**Other**
HR: 85 **O2: 98** **R: 16** **BP: 140/86** **T: 98.6**	Freq. 2 Dur. Str.	Dil. 7 Eff. 75 Sta. Prest. BOW	FHR Var. Accel. Decel. TX.	**Stage 1**	**6**		**In pain**
Time: 1100		**Focused Postpartum Assessment**					
VS	**CV**	**Resp**	**Neuro**	**GI**	**GU/Fundal**	**Skin**	**Other**
HR: 98 **O2: 95** **R: 23** **BP: 148/92** **T: 99.1**					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
GBS Antibiotic not given	Mother birthed baby without antibiotics being given before hand
Most Important Fetal Assessment Findings	**Clinical Significance**
GBS Positive Baby	Will need antibiotics

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
Baby was declining	YES		

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

Improved	Administer Clindamycin antibiotic because it was not given before birth	Infection GBS clears up

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age: Alice Jones
- G 2 P 0 AB 0 L 2 EDB 3 / 27 / XX Est. Gest. Wks.: 39
- Reason for admission: SROM

Background

- Primary problem/diagnosis: SROM, Early Labor
- Most important obstetrical history: Birthed a 9lb 8 oz baby
- Most important past medical history: Chronic Asthma
- Most important background data: GBS Positive

Assessment

- Most important clinical data:
  - Vital signs: BP:
  - Assessment: Vaginal Exam- 7 cm dilated
  - Diagnostics/lab values: WBC High

  Trend of most important clinical data (stable - increasing/decreasing): Stable
- Patient/Family birthing plan: Natural Childbirth
- How have you advanced the plan of care? No
- Patient response: Good
- Status (stable/unstable/worsening) Stable, but in a lot of pain

Recommendation

- Suggestions for plan of care
- Rub Fundus

O2 therapy: Nasal Cannula_____ ____

IV site: L FA18 G_____ _____

IV Maintenance: Lactated Ringers _____ _____

IV Drips: Oxytocin_____ _____

Anesthesia Local / Epidural / Spinal / General

Episiotomy N/A Treatment N/A_____ _____

Incision N/A Dressing N/A_____

Fundus Location: Top of belly **FIRM** / Boggy_____

Notes:

Pain Score _____7_____Treatment__Nothing_____ _____

Fall Risk/Safety Fall Risk - Pregnancy____ _____

Diet: Pregnancy Diet_____ _____

Last Void:___N/A_____ Last BM _____N/A_____

Intake___N/A_____ Output: N/A_ ___