

OB Simulation Patient Preparation Worksheet

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

Student Name: Jordan Colley Admit Date: NA
 Patient initials: AJ G 2 P 1 AB L 1 M EDD: 3 / 27 Gest. Age: 39 weeks
 Blood Type/Rh: O+ Rubella Status: immune GBS status: positive
 Obstetrical reason for admission: SR0M, early labor

Complication with this or previous pregnancies: none reported

Chronic health conditions: Asthma

Allergies: Penicillin

Priority Body System(s) to Assess: 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
GBS positive	Bacteria residing in the mother's vagina or rectum and can be passed from the pregnant mother to the baby during labor and delivery. Requires antibiotics during labor.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Passing of bacteria	Group B Streptococcus if passed to the baby can cause pneumonia, meningitis and sepsis.

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.	Flu- like Symptoms - Fever - Chills - fatigue	Urinary Tract Infections	If any, fever, difficulty feeding and fatigue	Pneumonia, meningitis or sepsis
What interventions can prevent them from developing?	Getting screened/ tested	Practicing good hygiene- always wipe front to back, have frequent restroom breaks and stay hydrated	Mother should receive antibiotics during labor and delivery to prevent passing the bacteria to the baby	Mother received antibiotics during labor and delivery. Assessing the newborn frequently for signs of infection. A blood sample can give an early diagnosis, and the baby will be treated with prompt antibiotics.

What clinical data/assessments are needed to identify complications early?	Vital signs GBS test	Urinalysis Assessment of symptoms Vital signs	Vital signs Observe feedings Physical assessments Blood test for GBS	Blood test for GBS Vital signs CBC
What nursing interventions will the nurse implement if the anticipated complication develops?	Maintaining mothers' comfort- low stimulation, hydrate, nonpharmacological interventions.	Accurate and timely administration of antibiotics. Timely UA. Keep patient clean and well kept (perineal area). If patient has catheter assess it.	Prompt administration of prescribed antibiotics. Low stimulation environment. Space feedings accordingly and do not feed for more than 30 minutes	Proper oxygenation, blood tests, track I/O, physical assessments. Proper and timely administration of antibiotics

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
Clindamycin	Lincomycin Antibiotics	Inhibits bacterial protein synthesis. Decreases spreading	N/V/D Hypotension Thrombophlebitis Pruritis	Assess blood pressure before and after administration Assess platelet labs Listen to bowel sounds Keep patient well hydrated Assess IV site with every entry into the room
meperidine	opioid	Pain relief and sedation	Lightheadedness Dizziness Orthostatic Hypotension N/V/D	Assess blood pressure before and after administration Fall risk bundle always intact Assess vitals Assess respiratory and bowels sounds
promethazine	Antiemetic	Blocks histamine reducing nausea	Drowsiness Dizziness Blurred vision Photosensitivity rhinitis	Assess blood pressure before and after administering Assist when getting up Assess IV site before and after administering
Singulair	Leukotriene inhibitor	Blocks leukotrienes which cause inflammation and swelling	Headache URI Otitis Nausea	Assess respiratory system Assess for headache or any pain in the ears Assess bowel sounds

Advair MDI	Respiratory inhalant/ corticosteroid	Opens airways making it easier to breathe	Oral candidiasis Headache N/V	Have patient wash mouth out with water after use Assess any pain Assess respiratory system before and after administration
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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	Prevent GBS from spreading to baby		
Goal/Outcome	Baby will not contract GBS		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Administer antibiotics during labor	1. Antibiotics need to be given on schedule with the right dose and route to prevent the GBS from spreading to the baby during labor and delivery.	1. Baby will not contract GBS from the vaginal canal during labor. This will allow the baby to be healthy when born.	
2. Vaginal exam to assess labor progression	2. A vaginal exam should be performed at the appropriate times to assess dilation, effacement and station (how close to delivery). This allows for a safer delivery for mom and baby.	2. The baby is delivered in proper time leaving less time for negative situations. The baby is delivered when mom's body is saying it is time.	
3. Pain assessment	3. Pain medication needs to be given/ offered when pain is rated at the appropriate level for the medication. This will help Alice during the labor making it easier for her to have a "natural labor".	3. Pain is controlled making an easier "natural labor" for mom.	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	WBC is high indicating infection (GBS)
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
GBS- Positive- can pass bacteria to baby causing severe infection (WBC count)		

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

Pulse- 84 Will need to perform a cardiac assessment on mom and FHR on baby	Resp- 16 O2 Sat- 98% Will go ahead and perform a respiratory assessment to make sure mom is getting adequate oxygen so that baby is too					Pulse- 84 Resp-16 O2 Sat- 98% BP- 138/86 Temp- 98.6 Will obtain a new set	Vaginal exam- 3-4 cm dilated 75% -2 Will perform another vaginal exam Also will perform a pain assessment
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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: