

OB Simulation Patient Preparation Worksheet

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

Student Name: Audrie Gomez Admit Date: 12/3/24
 Patient initials: AJ G 2 P 1 AB LIM EDD: 03/27/XX Gest. Age: 39+
 Blood Type/Rh: O+/A Rubella Status: immunc GBS status: +
 Obstetrical reason for admission: SRM @ 39 WKS
 Complication with this or previous pregnancies: NO
 Chronic health conditions: Asthma
 Allergies: Penicillin
 Priority Body System(s) to Assess: Lungs, V/S (temp), perineal area, fundal

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 |
|-----------------------------|---|
| SRM | Protective barrier is lost, releasing amniotic fluid and allowing labor to start. |
| 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. | Chorioamnionitis | Placental abruption | Cord compression (lack of O ₂) | UG prolapse meconium AF |
| What interventions can prevent them from developing? | Antibiotics, ↓ SVE | - Prevent straining - control B/P | FHR, Turn mom | - baby's position |
| What clinical data/assessments are needed to identify complications early? | temp Q2 hrs, nitrazine test Fern test, CBC | FHR, CBC, US | FHR | - FHR (1 min) - SVE |
| What nursing interventions will the nurse implement if the anticipated complication develops? | antibiotics | - IV - blood type, screen - V/S for shock - O ₂ | IVR - turn pt - turn off oxy - turn ↑ fluids (cooling) - turn on O ₂ -10L - tocolytics | - Prep for immediate C-section - knee to chest position |

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 |
|--------------|--------------------------|---|--|--------------------------------------|
| LR | IV nutritional products | replace water & electrolytes due to blood loss | HA, nausea, dizziness | blood glucose, F&E balance |
| Oxytocin | Oxytocic hormones | induce labor or increase strength in contractions | uneven HR, HA, blurred vision, confusion, unsteady | FHR, VIS |
| Cefazolin | Cephalosporin antibiotic | stops growth of bacteria & infections such as Staph | N/V, diarrhea, HA | IV site, F/E |
| terbutaline | beta agonists | slow contractions down, given if too much oxytocin is | HA, dizziness, nervousness | FHR, Respiratory, VIS |
| Meperidine | opioid | help alleviate pain | N/V, drowsy, constipation, weakness | Respiratory |
| Promethazine | histamine H1 antagonist | treat nausea | hypotension | VIS, FHR |

Clindamycin anti-biotic
Treat bacterial infections
2 diarrhea, N/V, acute abd pain
GI issues

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 | administer antibiotics for + GSB | |
|--|---|--|
| Goal/Outcome | reduce risk/transmission of bacteria to newborn | |
| Priority Assessment/Intervention(s) | Rationale | Expected Outcome |
| 1. FHR | 1. Prevent/intervene upon signs of fetal stress | 1. Prevent delayed O ₂ , improve UC transfer of nutrients, prevent stress |
| 2. IV access/administer cefazolin | 2. Prevent transfer of GBS to infant & infection | 2. Prevent GBS infection, sepsis |
| 3. monitor/assess V/S S/S of infection | 3. monitor temp for increase which can indicate infection | 3. prevent delay in treatment of infection |

| Abnormal Relevant Lab Test | Current | Clinical Significance |
|---|---------|-----------------------------|
| Complete Blood Count (CBC) Labs | | |
| WBC | 12.5 | Infection (NR = 4.8 - 10.8) |
| | | |
| Metabolic Panel Labs | | |
| | | |
| | | |
| Are there any Labs results that are concerning to the Nurse? | | |
| Yes, WBC is | | |

| Current Priority Focused Nursing Assessment | | | | | | | |
|---|----------------|-------|----|----|------|---------------|---|
| CV | Resp | Neuro | GI | GU | Skin | VS | Other |
| | Lungs - asthma | | | | | -temp (+ WBC) | -amniotic fluid -obstetrical assessments |