OB Simulation Patient Preparation Worksheet

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

Student Name: Inna Purser_____Admit Date: 01/28/2025
Patient initials: __JA_____ G 2 P 1 AB 0 L 1 M 0 EDD: 03/27/XX_ Gest. Age: 39w_
Blood Type/Rh: O + Rubella Status: Immune GBS status: positive
Obstetrical reason for admission: SROM 2, clear fluids with onset of uterine contractions
Complication with this or previous pregnancies: Denies any complications with this or previous pregnancies
Chronic health conditions: Hx of Asthma, controlled with medications.
Allergies: Penicillin
Priority Body System(s) to Assess: Maternal vital signs, vaginal exam, cervical dilation, effacement, FHR monitoring, contractions strength, frequency, duration.

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, preterm labor being GBS +, Vaginal delivery	Group B Streptococcus is a bacteria found in the vagina or rectal area, which can be passed to a baby during vaginal delivery. While most babies don't get sick, some can develop severe infections. In pregnant women, GBS can cause fever, chills, and fatigue. If a woman tests positive, antibiotics like penicillin and clindamycin are given during labor to prevent transmission to the baby. Testing is typically done between 35-37 weeks of pregnancy.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
SROM, preterm labor being GBS +, Vaginal delivery	Newborns with GBS have symptoms like fever, difficulty feeding, irritability, breathing difficulties, lethargy, inability to stabilize temperature. These symptoms can become serious quickly because newborns lack immunity. Group B strep infection can lead to severe problems like sepsis, pneumonia and meningitis in infants, cerebral palsy, hearing problems, learning disabilities.

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.	Fever, chills, fatigue	UTI	fever, difficulty feeding, irritability, breathing difficulties, lethargy, inability to stabilize temperature	sepsis, pneumonia and meningitis in infants, cerebral palsy, hearing problems, learning disabilities.
What interventions can prevent them from developing?	Administration of IV antibiotics like penicillin during vaginal delivery or C	Administration of IV antibiotics like penicillin during vaginal delivery or C	Administration of IV antibiotics like penicillin during vaginal delivery or	Administration of IV antibiotics like penicillin during vaginal delivery or

	section	section	C section	C section
What clinical data/assessments are needed to identify complications early?	Vaginal or/and rectal swab for GBS	Vaginal or/and rectal swab for GBS	Newborn vital signs, newborn initial assessment	Newborn vital signs, newborn initial assessment
What nursing interventions will the nurse implement if the anticipated complication develops?	Treatment of symptoms	Antibiotic therapy, treatment of symptoms	Antibiotic therapy, treatment of symptoms	Antibiotic therapy, treatment of symptoms and developed complications

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
Singular (Montelukast)	Leukotriene inhibitor	Inhibits release of leukotriene, chemicals that cause swelling in lungs and tightening of airways muscles due to allergens	Stomachache, diarrhea, fever, flu-like symptoms, ear pain, stuffy nose, sore throat.	1.Take once daily in the evening for prevention of asthma. 2. Assess respiratory status and monitor liver function tests. 3. Not a rescue drug, long term medication that slows onset of attacks
Advair MDI (Salmeterol)	Steroid and bronchodilator inhalator	Steroid and bronchodilator combination medicine that used to prevent asthma attacks and worsening of COPD symptoms	HA, muscle pain, nausea, throat irritation, cough.	1.Assess muscle cramps and soreness. 2.Can cause oral candidiasis - rinse mouth with water after each use 3. Educate patient on proper use of inhaler, importance of adherence to the prescribed regiment
Proventil MDI (Albuterol)	SABA	SABA bronchodilator used to treat and prevent bronchospasm in asthma and COPD	Tremors, tachycardia, palpitations, HA, throat irritation and muscle cramps	1.Assess respiratory status, evaluate signs of resp. distress, cardiovascular conditions. 2.Monitor potassium level, can cause hypokalemia 3.Educate on potential interactions with Beta-blockers, MAOI and diuretics

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 Goal/Outcome		
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1.	1.	1.
2.	2.	2.
3.	3.	3.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		

Current Priority Focused Nursing Assessment

CV	Resp	Neuro	GI	GU	Skin	VS	Other
				5			

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

- Name**/**age
- G   P   AB   L   EDB   /   /   Est. Gest. Wks.:
- Reason for admission

Background

- Primary problem**/**diagnosis
- Most important obstetrical history
- Most important past medical history
- Most important background data

Assessment

- Most important clinical data:
  - Vital signs
  - Assessment
  - Diagnostics/lab values
  Trend of most important clinical data (stable - increasing**/**decreasing**)**
- Patient/Family birthing plan?
- How have you advanced the plan of care?
- Patient response
- Status (stable**/**unstable/worsening**)**

Recommendation

- 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: