

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 | BS checks, bottle feedings, dextrose 5%, supplemental O2 administration, | BS checks, bottle feedings, dextrose 5%, supplemental O2 administration, |

| | | | | |
|---|------------------------------------|---|---|---|
| | section | section | breathing assistance, antibiotic administration | breathing assistance, transfer to NICU, antibiotic administration |
| 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, blood sugar checks, temperature checks | Newborn vital signs, newborn initial assessment, blood sugar checks, temperature checks |
| What nursing interventions will the nurse implement if the anticipated complication develops? | Treatment of symptoms | Antibiotic therapy, treatment of symptoms | Antibiotic therapy, BS checks, bottle feedings, dextrose 5%, supplemental O2 administration, breathing assistance, antibiotic administration. | Antibiotic therapy, BS checks, bottle feedings, dextrose 5%, supplemental O2 administration, breathing assistance, transfer to NICU |

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 or 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 |

| | | | | |
|-------------|------------|--|---|--|
| Clindamycin | Antibiotic | Clindamycin is an antibiotic used to treat a gram-positive and anaerobic bacteria. It works by inhibiting bacterial protein synthesis, which slows or stops bacterial growth | N/V/D, Stomach pain, skin rash, vaginal itching or discharge, unpleasant or metallic taste in the mouth. | 1. Monitor bowel function. 2. Monitor liver function tests and CBC. 3. Pt. education: Clindamycin passes into breast milk, so consult with physician before breastfeeding. |
| | | | | |
| | | | | |

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 | | |
|--|---|--|
| Goal/Outcome | | |
| Priority Assessment/Intervention(s) | Rationale | Expected Outcome |
| 1. Monitor continuously fetal heart rate | 1. Assess fetal status and intervene if fetus is in distress | 1. Stable status of the baby, no late or variable decelerations |
| 2. Prevention of vertical transmission of GBS during vaginal delivery | 2. To prevent baby from exhibiting signs and symptoms of respiratory distress and inability to control body temperature, difficulty with feedings | 2. Stable status of a baby with regular breathing pattern, ability to regulate body temperature and willingness to feed. |
| 3. Monitor for fetal nuchal cord/ prolapsed cord due to SROM or precipitous delivery | 3. Monitor for variable decelerations that would indicate decreased perfusion to the baby | 3. Vaginal delivery without nuchal cord/ prolapsed cord |

| Abnormal Relevant Lab Test | Current | Clinical Significance |
|--|----------|---|
| Complete Blood Count (CBC) Labs | | |
| GBS | positive | Vertical transmission to the fetus during delivery would cause respiratory distress and inability to control body temperature |
| WBC | 12.5 | Elevated WBC count indicates an ongoing infection |
| | | |
| 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 |
| Maternal and fetal heart rates | Maternal and fetal respiratory rates | | | Maternal vaginal exam | | Maternal and fetal O2 saturation | |

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 |
| BP=134/82 HR=86 RR=18 SpO2=97% T=98.6 | Freq. 1.5 min Dur. 90 sec Str. 60-70 mmHg - strong | Dil. 10 cm Eff. 100% Sta. Prest. BOW | FHR = 99-100 bpm Var.- moderate Accel. - none Decel. – prolonged late | 1st stage, transitional phase to second stage | Patient appeared in severe pain but refused any pharmacological pain medications | Patient is anxious, ready for vaginal delivery, concerned for wellbeing of the baby | |

| 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 |
|---|---|
| Pain assessment and status of uterus after delivery | Possibility of a significant hemorrhage if uterus doesn't contract fast enough and placental fragments doesn't get expelled completely |
| Most Important Fetal Assessment Findings | Clinical Significance |
| Rapid increase of oxytocin rate | Fetus didn't tolerate rapid increase of oxytocin rate from 5 ml/hr to 12 ml/hr. It immediately sent the FHR into prologed late deceleration with HR of 99 |

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 |
| Fetal heart rate | After delivery | | |
| Maternal pain level | After delivery | | |
| Nuchal/prolapsed cord injury | Without complications | | |
| Fetal GBS status | | To be determined | |

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 |
|--|--|--------------------------------|
| Overall status of the patient has improved significantly | Continuously assess patient for risk of postpartum hemorrhage due to precipitous vaginal delivery Continuously assess neonate's respiratory and neurological status due to vertical transmission of GBS during vaginal delivery | Quick recovery of the patients |

Professional Communication - SBAR to Primary NURSE

| Situation |
|---|
| <ul style="list-style-type: none"> Name/age Jones, Alice, 24 yo F G 2 P 1 AB 0 L 1 EDB 3 / 27 / XX Est. Gest. Wks.: 39 Reason for admission SROM 2, preterm labor |
| Background |
| <ul style="list-style-type: none"> Primary problem/diagnosis GBS +, SROM, preterm labor Most important obstetrical history: previous delivery of 9 lbs 8 oz boy under epidural anesthesia, uncomplicated pregnancy Most important past medical history: Hx of Asthma controlled with medications Most important background data: 0+, Rubella immune |
| Assessment |
| <ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs : BP=134/82, HR=86, RR=18, SpO2=97%, T=98.6 Assessment: vaginal exam Diagnostics/lab values: GBS +, WBC = 12.5 elevated <i>Trend</i> of most important clinical data (stable - increasing/decreasing) WBC count elevated Patient/Family birthing plan? Natural vaginal delivery with minimal interventions How have you advanced the plan of care? Oxytocin was administered to speed up dilation of cervix from 5 ml/hr to 12 ml/hr, which caused prolonged late decelerations and distress to the fetus. Ultimately oxytocin was paused and IUR implemented to stabilize FHR until delivery of the fetus. Patient response: patient tolerated IUR well, baby was delivered vaginally with minimal complications Status (stable/unstable/worsening) stabilized |
| Recommendation |

- Suggestions for plan of care: Reassess mother's status: VS, state of uterus, fundus, lochia

O2 therapy 10 L/min on NRB mask _____
IV site: 18G Left Arm _____
IV Maintenance: LR at 125 ml/hr ____
IV Drips: Oxytocin 125 ml/hr (postpartum) ____
Anesthesia Local / Epidural / Spinal / General
Episiotomy: None _____ Treatment _____ N/A
Incision _____ N/A _____ Dressing _____ N/A
Fundus Location Midline at umbilicus, Firm
Pain Score 2/10 _____ Treatment _____
Fall Risk/Safety: High ____
Diet: Regular _____
Last Void _____ Last BM _____
Intake _____ Output: _____

Notes: