

# OB Simulation Patient Preparation Worksheet

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

Student Name: Ivy Borovio Admit Date: \_\_\_\_\_  
 Patient initials: AJ G 2 P 1 A 0 L 1 M 0 EDD: 03/27/XX Gest. Age: 39 wks  
 Blood Type/Rh: O positive Rubella Status: Immune GBS status: positive  
 Obstetrical reason for admission: SROM, early labor  
 Complication with this or previous pregnancies: none  
 Chronic health conditions: hx of asthma controlled with medication.  
 Allergies: Penicillin  
 Priority Body System(s) to Assess: Respiratory, OB

## 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 <del>group B strep positive.</del>	SROM is when the amniotic sac breaks without the onset of labor. Early labor is the dilation of the cervix 1-4 cm.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
chorioamnionitis	infection of the fetal membranes when the bacteria ascends from the vagina to the uterus.

## 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.	infection	uteroplacental insufficiency.
What interventions can prevent them from developing?	delivering the baby within 24 hrs after SROM.	continuous FHR monitoring to detect early signs of distress.	monitor mom's temp and administer abx if infection is suspected.	monitor FHR to detect early signs of fetal distress.
What clinical data/assessments are needed to identify complications early?	check temp q2 after SROM.	check mom's vital signs q4 and assess for vaginal bleeding.	monitor FHR continuously to detect changes.	Monitor FHR continuously.
What nursing interventions will the nurse implement if the anticipated complication develops?	administer antibiotics as ordered and check temp hourly.	prepare pt for emergency c-section.	administer abx as ordered and continue monitoring FHR.	turn mom to left lateral, stop oxytocin, give O2 10L via non-rebreather, give IV fluid bolus.

## 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 agents	used to induce labor by stimulating uterine contractions	nausea vomiting	assess FHR and contractions. administer anti-nausea med if nausea
terbutaline	tocolytic	used to slow or stop uterine contractions	tachycardia. headache drowsiness.	monitor vital signs like HR. monitor FHR and uterine contractions
meperidine	opioid.	used to treat moderate to severe pain.	nausea vomiting dizziness.	Call before getting up due to dizziness. Assess <del>sp</del> respirations. give anti-nausea med for nausea.
clindamycin	antibiotic	used to treat bacterial infections.	stomach pain. nausea/vomiting. mild skin rash.	Assess skin for skin rash. Eat small meals and drink fluids to ease stomach pain.
promethazine	anti-emetic	used to treat nausea or vomiting.	drowsiness. ringing in ears. dry mouth.	Call before getting up to prevent fall. Report ringing in the ear could be toxicity. Drink plenty of fluids to prevent dry mouth.

## 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.	
Goal/Outcome	Prevent infection to baby.	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Monitor pt's temp and vital signs.	1. This will show if mom develops an infection since her water broke.	1. <del>Normal</del> Vital signs within normal range.
2. Monitor FHR and uterine contractions	2. This shows if baby is in fetal distress and if we need to intervene	2. Normal FHR and uterine contractions.
3. Administer pain medication.	3. Pt says her pain is at a 4 so the medication is to help her <del>get more comfortable.</del> relieve her pain.	3. Reduced pain level

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	It shows that the pt is fighting an infection.
—	—	—
—	—	—
Metabolic Panel Labs		
—	—	—
—	—	—
Are there any Labs results that are concerning to the Nurse?		
GBS positive.		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	Assess lung sounds and respirations.				Assess skin to side effect of antibiotic	Temp Q2 Other vital signs Q4	FHR Uterine contractions