

# OB Simulation Patient Preparation Worksheet

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

Student Name Lindsey Herrera Admit Date: \_\_\_\_\_  
 Patient initials: AJ G 2 P 1 AB 0 L 1 M 0 EDD: 3 / 27 / \_\_\_\_\_ Gest. Age: 39 weeks  
 Blood Type/Rh: o positive Rubella Status: immune GBS status: positive  
 Obstetrical reason for admission: SROM 2 hours ago early labor and uterine contraction  
 Complication with this or previous pregnancies: denies complication with this or previous preg.  
 Chronic health conditions: history of asthma  
 Priority Body System(s) to Assess: respiratory assessment

## 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 SROM	Group b strep infection that can get into the blood stream leading to serious infections in mom and babies
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.	Infection to baby	Maternal death	Sepsis of newborn	Fetal death or still birth
What interventions can prevent them from developing?	Abx prior	Abx prior to delivery	Give abx to mom	Giving mom abx
What clinical data/assessments are needed to identify complications early?	Fever, abd swelling, uterine tender ,pain , increase hr	Screening mom 35-37 weeks	Full head to toe assessment Difficultly breathing, not feeding, temp changes	Early screening for GBS
What nursing interventions will the nurse implement if the anticipated complication develops?	Abx	Supportive to family	abx for baby	Help mom and family with coping and supporting them

## 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
meperidine	opiate agonist	Acts on the CNS system to relieve pain	Sedation, hypotension, diaphoresis, face flushing, dizzy, nausea, vomit, constipation	Monitor vital signs before and after Monitor bowel activity
promethazine	tricyclic	Blocks H1 receptors in the brain so that helps with vomiting	Dry mouth, drowsiness, dizziness, blurry vision	Monitor bp, pulse, rr Monitor for sedation
Clindamycin	antibiotic	Prevent bacteria from making proteins by binding to subunit ribosomal	Abd pain, nausea, vomit, diarrhea, scaly skin, pruritus	Monitor bowel activity, skin rash,

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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.

<b>Nursing Priority</b>	Monitor moms vital signs/contraction and monitor baby heart rate	
<b>Goal/Outcome</b>	To deliver baby and for both to be stable	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Cervical exam	1. to check dilation and effacement	1. for mom to be dilating and effacing more so baby can come out
2. Monitor FHR and moms vital signs	2. looking for decels, accels to determine babies status and to notice any changes	2. to not see a drastic drop in babies hr
3. Give medication due to GBS	3. we want abx prior to delivery	3. to help protect baby from the infection

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	12.5	Shows signs of infection
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
WBC		

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

	I will do a respiratory 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?

<b>Most Important Maternal Assessment Findings</b>	<b>Clinical Significance</b>
<b>Most Important Fetal Assessment Findings</b>	<b>Clinical Significance</b>

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"> <li>Name/age</li> <li>G P AB L EDB / / Est. Gest. Wks.:</li> <li>Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis</li> <li>Most important obstetrical history</li> <li>Most important past medical history</li> <li>Most important background data</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:               <ul style="list-style-type: none"> <li>Vital signs</li> <li>Assessment</li> <li>Diagnostics/lab values</li> </ul> </li> <li><i>Trend of most important clinical data (stable - increasing/decreasing)</i></li> <li>Patient/Family birthing plan?</li> <li>How have you advanced the plan of care?</li> <li>Patient response</li> <li>Status (stable/unstable/worsening)</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care</li> </ul>

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 \_\_\_\_\_

**Notes:**

Intake \_\_\_\_\_ Output: \_\_\_\_\_