

418-419

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OB Simulation Patient Preparation Worksheet

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

Student Name: JoBeth Nichols Admit Date: 4/8/2025
 Patient initials: CW G 3 P 2 ABO O L 1 M 0 EDD: 08/10/xx Gest. Age: 38 3/7 wks
 Blood Type/Rh: O- Rubella Status: Immune GBS status: Negative
 Obstetrical reason for admission: ↓ Fetal movement at 38 2/7 wks
 Complication with this or previous pregnancies: 1st - pre-eclampsia; 2nd stillborn at 39 wks
 Chronic health conditions: OBESITY - BMI = 35 - depression / PPD
 Allergies: Morphine
 Priority Body System(s) to Assess: Cardiovascular, respiratory

PREVING STILLBORN; HTN (pre-eclampsia) gestational diabetes

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical/obstetrical problem? Insulin

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
High Risk pregnancy	↑ Risk pre-eclampsia (1st preg & ↑ BP); SROM 0130 Gestational diabetes, 1st preg LGA - risks d in active Stillborn @ 39 wks macrosomia LABOR now
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
LGA	Infant of a diabetic mother → Respiratory distress syndrome → Birth Trauma → Cardiac/Kidney Malformations could → hemorrhage

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.	Laceration	Post Partum Hemorrhage	Hypoglycemia SROM @ 0130	Respiratory distress syndrome
What interventions can prevent them from developing?	Episiotomy	Fundus Massage	Blood glucose hourly x 4 then Q4hrs for 48	Monitoring oxygen levels, respirations
What clinical data/assessments are needed to identify complications early?	Episiotomy Indications: Shoulder dystocia Fall placenta Breech, macrosomic fetus, Vacuum/Forceps (upper Body)	Blue lips / fingers, excessive sweat, chest pain, shallow breathing	Blood sugar monitoring - EarM Feeding HTN, confusion	Watch for nasal flaring, grunting, chest retractions, cyanosis

Pre-eclampsia = swelling of face, hands, feet + 2, protein in urine
HTN

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SROM @ 0130 - Concern for infection