

# OB Simulation Patient Preparation Worksheet

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

Student Name: Amber Morrow Admit Date: 4/8/25  
 Patient initials: AJ G2 P1 AB O L1 M O EDD: 3/27/25 Gest. Age: 39  
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: positive  
 Obstetrical reason for admission: SRM early labor  
 Complication with this or previous pregnancies: N/A  
 Chronic health conditions: Asthma  
 Allergies: Penicillin  
 Priority Body System(s) to Assess: Reproductive system Fetal heart rate

## 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
SRM	Spontaneous rupture of membrane indicates that amniotic sac has broke and the mother is in labor.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
The baby could be at risk for infection	The baby is at risk for infection because the amniotic sac is not there anymore to protect the baby from bacteria.

## 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.	maternal Infection	Sepsis	Chorioamnionitis	prolapsed cord
What interventions can prevent them from developing?	Monitor vital signs, Temperature	Antibiotics Monitor vital signs	Monitor Mom's temperature and fetal heart rate	Monitor Fetal heart rate
What clinical data/assessments are needed to identify complications early?	fever >100.4 Increased respiratory rate and heart rate	fever high respiratory rate, Lethargy	fetal tachycardia Mother has a fever	Variable Decels electrical fetal monitoring
What nursing interventions will the nurse implement if the anticipated complication develops?	administer antibiotics	Administer antibiotics and monitor vital signs, increase fluids	Give antibiotics Deliver the baby	move mom to the left side Prepare for c-section.

Amber Morrow

**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	Oxytocic agent	Stimulate uterine contractions during labor	Pelvic or abdominal pain, fast or irregular heart beat	Monitor contractions, monitor fetal heart rate, Evaluate fluid balance and prevent water intoxication
Terbutaline	Beta agonist	Relaxes the smooth muscle of the uterus.	UPset Stomach, Dry mouth, decrease urine	Monitor respiratory rate, monitor fetal heart rate
Meperidine	Phenylpiperidine	Relieves moderate to severe pain	Drowsiness, Confusion, Dizziness, headache	Get up slowly to prevent falls, monitor Blood Pressure, monitor fetal heart rate
Promethazine	Antiemetic agent	Relieves nausea	drowsiness, headaches, Dizziness, Dry mouth	Prevent constipation, Increase fluids, monitor for muscle stiffness and pain, monitor vital signs
Cefazolin	cephalosporin	antibiotic that treats bacterial infections.	Nausea, loss of appetite, vomiting, diarrhea	Monitor for anaphylaxis and skin reactions, prevent Dehydration and nausea
Clindamycin	Antibiotic	treats gram positive bacteria.	Diarrhea, Nausea, abdominal pain, hives	Monitor for anaphylaxis, Assess for C-Diff, monitor vital signs and fetal heart rate

## 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.

<b>Nursing Priority</b>	Prevent Chorioamnionitis	
<b>Goal/Outcome</b>	the mother and Newborn will be healthy	
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>
1. Monitor Temperature	1. A fever could indicate infection	1. The mom will not have a fever
2. Monitor fetal heart rate	2. fetal Tachycardia could mean there is an infection	2. the baby will not have a high heart rate
3. Assess color, odor, and amount of amniotic fluid	3. If the amniotic fluid is green cloudy, brown and has a foul smell, it could indicate infection	3. The amniotic fluid should look clear or yellowish and thin with no odor

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
white blood cell	12.5	This could indicate an infection
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
Positive for Group B Strep. This is concerning because it could infect the newborn		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Listen to heart sounds. monitor FHR				Monitor for pain, and open wounds		Temperature	Vaginal Exams