

OB Simulation Patient Preparation Worksheet

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

Student Name: Dustin Plummer Admit Date: _____
 Patient initials: A.J. G2 P1 AB LLM EDD: 3/27/XX Gest. Age: _____
 Blood Type/Rh: O positive Rubella Status: immune GBS status: positive
 Obstetrical reason for admission: 39 weeks, SRM, early labor
 Complication with this or previous pregnancies: none
 Chronic health conditions: Asthma
 Allergies: PCN
 Priority Body System(s) to Assess: vaginal exam

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
Early labor	SRM early
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
big baby	obesity, genetic factors

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.	High BP High BP	uterine rupture	jaundice	Placental ^{abruption}
What interventions can prevent them from developing?	lifestyle changes meds for severe	Manag urine retention strengthen pelvic floor Prevent infections	Enhanced nutrition Phototherapy frequent feedings	treat h/o avoid smoking & drugs
What clinical data/assessments are needed to identify complications early?	pregnancy visits	fetal HR monitoring contractions	physical of the baby/newborn	physical exam ultrasound
What nursing interventions will the nurse implement if the anticipated complication develops?	medications	delivery of baby stabilize mom sx respir or hyst	Phototherapy increased feedings	C section/ hyst

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
Oxycodone	opioid	hormone that helps start and strengthen contractions	HR changes Nausea	Monitor fetal HR/ contractions monitor vitals/signs
propofol	opioid	CAUS ANAESTHESIA USED FOR PAIN/SEDATION	dizziness HA N/V	Pain scale MONITOR VITALS
Propofol	Pharmaceuticals	blocks receptors in the brain responsible for wakefulness	dizzy drowsy N/V	Monitor fetal HR/ contractions MONITOR VITALS
Clonidine	antihypertensive	Stops neuronal firing, able to modulate	N/V/D Stomach pain	Monitor maternal vitals

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	monitoring baby & mom	
Goal/Outcome	healthy delivery of baby	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1 Fetal Hf/baby position	1 make sure there is no problem with baby and he is head down	1 normal 130-150 head down
2 moms BP	2 High BP can be a sign of preclampsia	2 normal 120/80
3 Time of each contraction and the time before the next one	3 Make sure the birthing process is moving along. It also lets mom know when to push.	3 They became more frequent and longer

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	normal sign to stress
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
GBS positive Group Strept B		

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