

# OB Simulation Patient Preparation Worksheet

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

Student Name: JULIE BOREN Admit Date: \_\_\_\_\_  
 Patient initials: AJ G 2 P 1 AB 0 L 1 M EDD: / / Gest. Age: \_\_\_\_\_  
 Blood Type/Rh: + Rubella Status: NEGATIVE GBS status: +  
 Obstetrical reason for admission: GBS +  
 Complication with this or previous pregnancies: N/A  
 Chronic health conditions: N/A  
 Allergies: PENICILLIN  
 Priority Body System(s) to Assess: GU,NEURO

## 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
GROUP B STREP +	GBS COLONIZES IN THE FEMALE REPRODUCTIVE TRACT AND CAN AFFECT FETAL MEMBRANES OR THE CHILD AFTER BIRTH. GBS IS OFTEN ASYMPTOMATIC.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
INFECTION OF THE NEWBORN	GROUB B STREPTOCOCCUS FOUND IN VAGINAL/ANAL REGION CAN INFECT THE NEWBORN DURING VAGINAL BIRTH.

## 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.	UTI, CHORIOAMNIONITIS	SEPSIS, MENINGITIS	SEPSIS, PNEUMONIA, MENINGITIS.	NEURO DEFECTS, CEREBRAL PALSY, HEARING LOSS, DEATH, HYDROCEPHALUS
What interventions can prevent them from developing?	ANTIBIOTICS, TESTING AT 35-37 WEEKS. PRENATAL SWAB, URINE CULTURE.			
What clinical data/assessments are needed to identify complications early?	PRENATAL SWAB, URINE CULTURE.		CLOSE OBSERVATION, BLOOD TESTING	TEST FOR MENINGITIS
What nursing interventions will the nurse implement if the anticipated complication develops?	IV ANTIBIOTICS		IV ANTIBIOTICS	

## Surgery or Invasive Procedures – *LEAVE BLANK if this does not apply to your patient*

Describe the procedure in your own words.

Procedure
C-SECTION CARRIES MUCH LOWER RISK OF GSB TRANSMISSION TO THE NEWBORN.

## 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
ACETIMINOPHEN	ANALGESIC, ANTIPYRETIC	BLOCKS PAIN SIGNALS AND REDUCES INFLAMMATION. HELPS BODY TO MANAGE FEVER BY REGULATING TEMP IN THE HYPOTHALAMUS.	NV, CONSTIPATION, ITCHING, LIVER DAMAGE.	GIVE WITH PLENTY OF FLUIDS, DO NOT USE MORE THAN 4 g IN A DAY. SCREEN FOR LIVER ISSUES BEFORE USE.
IBUPROFEN	NSAID	REDUCES HORMONES THAT CAN CAUSE PAIN AND SWELLING.	HA, DIZZINESS, NAUSEA, INDIGESTION.	ADMINISTER WITH FLUIDS AND FOOD, EDUCATE ON KIDNEY ISSUES AND GI UPSET.
PRENATAL MULTI + DHA	VITAMIN	TREATS VITAMIN DEFICIENCY BEFORE BIRTH.	ABD PAIN, DARK STOOLS, DIARRHEA, CONSTIPATION, METALLIC TASTE, BACK PAIN.	VITAMINS CAN INTERACT WITH BLOOD THINNERS AND SHOULD NOT BE TAKEN WITH SHELLFISH ALLERGIES.

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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>	PREVENT INFECTION OF MOTHER AND NEWBORN		
<b>Goal/Outcome</b>	PREVENT MORE SERIOUS COMPLICATIONS AS A RESULT OF INFECTION.		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
1. ANTIBIOTICS	1. GROUB B STREP	1. DECREASED RISK OF TRANSMITTING INFECTION TO NEWBORN.	
2. MONITOR PT RESPONSE TO ANTIBIOTICS.	2. POSSIBLE DAMAGE TO KIDNEYS.	2. KEEP KIDNEY FN. INTACT.	
3. GET HISTORY PRIOR TO ANTIBIOTICS TO SCREEN FOR UTI OR POSSIBLE CHORIOAMNIONITIS.	3. GROUP B STREP CAN SOMETIMES BE ASYMPTOMATIC OR CAN CAUSE INFECTIONS IN THE MOTHER.	3. PREVENT FETAL DEMISE/HARM TO FETUS.	

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

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

		MONITOR FOR POSSIBLE NEURO EFFECTS.		SCREEN FOR UTI			
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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?

Most Important Maternal Assessment Findings	Clinical Significance
Most Important Fetal Assessment Findings	Clinical Significance

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> <p><i>Trend</i> of most important clinical data (stable - increasing/decreasing)</p> </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:\_\_\_\_\_