

OB Simulation Patient Preparation Worksheet

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

Student Name: EMILY ARISMENDEZ
 Patient initials: BS G3 P2 AB L1 M EDD: unknown Gest. Age: unknown
 Blood Type/Rh: pending Rubella Status: pending GBS status: unknown
 Obstetrical reason for admission: severe abd pain
 Complication with this or previous pregnancies: FHR no variability nor accelerations
 Chronic health conditions: None
 Allergies: NKDA
 Priority Body System(s) to Assess: Abd, Cardiac + Respiratory assessments

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
Severe abd pain	Abd pain from contractions q 2-3 min lasting 60-70 sec indicating active labor
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
No accels or variability w/ FHR	Baby is not receiving adequate oxygen This is a medical emergency + intervention is necessary immediately.

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.	uterine infection	hemorrhagic stroke from ganglion	Fetus not receiving oxygen	Fetal demise
What interventions can prevent them from developing?	Aseptic technique when performing vag exam + do	perform fundal massage	turn mom Admin O2 to mom	fluid bolus turn off oxytocin
What clinical data/assessments are needed to identify complications early?	not perform too many urine analysis	fundal massage + weigh pad q 2 HRS	FHR on Toco + observe in relation to contractions	APGAR test after birth
What nursing interventions will the nurse implement if the anticipated complication develops?	Admin antibiotics	Admin Carboprost after birth	Emergency need for birth of baby	Admin O2 to baby

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

Describe the procedure in your own words.

Procedure

spontaneous vaginal delivery of 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.	postpartum hemorrhage	Death	low O ₂ or RR or HR	Death
What interventions can prevent them from developing?	Administer medications oxytocin, carboprost	perform fundus mass	Rotate mom to hopefully move baby off cord	possible c-section
What clinical data/assessments are needed to identify complications early?	Assess pad soaking & 2 hrs Assess for blurred vision	Assess feeling faint, dizzy ↑HR, clammy skin	monitor FHR on tocodynamometer	Assess for decels or assess for tachysystole
What nursing interventions will the nurse implement if the anticipated complication develops?	Prepare blood product replacement	Surgical intervention to remove uterus	Turn mother Turn off oxytocin	Turn up fluids Apply 10L of O ₂

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
Terbutaline	beta agonist	For tachysystole in FHR	Convulsions decreased urine dry mouth N/V tachycardia	Assess BP monitor for tachycardia ↑ electrolytes + monitor for hypokalemia
Meperidine	narcotic analgesics	For severe pain greater than 4/10	severe hypotension	Reduce risk of neurotoxicity
Promethazine	tricyclic	For nausea	convulsions drowsiness headaches restless, confused	CNS depressant so observe for hypotension, low RR and low pulse
Penicillin	antibiotic	For group B strep intrapartum prophylaxis	N/V, diarrhea rash or abd pain	Assess for allergy symptoms even if no known rxns have occurred before
Oxytocin	oxytocic hormone	To contract uterus back down	Fast irregular heart beats dizziness breastfeeding	Assess for signs of water intoxication like confusion, drowsiness + seizure
Carboprost Tromethamine	prostaglandin	To prevent postpartum hemorrhage Causes uterus to contract	irregular HR headache pale blotchy skin	Assess for bleeding perform fundus massage

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.

Nursing Priority	Fetal Heart Rate no variability + no accelerations	
Goal/Outcome	↑ FHR accels + birth	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
<ol style="list-style-type: none"> ↑ turn's to Δ FHR and ↑ accels & variability monitor mom's contractions Determine gestational age of fetus 	<ol style="list-style-type: none"> Baby needs O₂ to move & be stable inside womb. Determine what stage of labor is occurring. Must know if baby is less than 20 wks gestation age 	<ol style="list-style-type: none"> observe Fetal Heart Rate accels + variability Give pain meds accordingly + prepare mom for vaginal delivery If baby is btwn 20-37 wks, have NICU ready to receive baby after birth.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	16.5	possible infection, inflammation or even preclamsia
RBC	4.6	WNL
Hgb	10.5	Anemia; not enough O ₂ circulating
Metabolic Panel Labs		
pending		
Are there any Labs results that are concerning to the Nurse?		
High WBC 16.5 H Low Hgb 10.5		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
102 HR	18 RR	/	SEVERE Abdominal pain	/	99.6°F	/	/
138/88 BP	95% RA	/		/		/	