OB Simulation Patient Preparation Worksheet
This section is to be completed prior to Sim Day 1:

Student Name:___**Jessica Cervera**_____Admit Date:_____
Patient initials:___**AJ**_____ G__P__AB__L__M___EDD:___**3 /27/ xx** Gest. **39wks** Age **24 y/o**
Blood Type/Rh:___**O+**_____ Rubella Status: **immune** GBS status:_____**positive**_____
Obstetrical reason for admission:___**SROM, early labor, Group B strep positive**_____
Complication with this or previous pregnancies: **N/A**_____
Chronic health conditions:_**Asthma controlled with medication**_____
Allergies: **Penicillin**_____
Priority Body System(s) to Assess: **Cervical check, FHR, VS**__

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+	Common gram + bacteria that can cause serious infections in newborns. It is present in the genital and gastrointestinal tract

Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Primary: sepsis, pneumonia, meningitis Late onset-1st wk. meningitis, pneumonia, bacteremia	The bacteria can be transmitted to the baby during or after the delivery. This can cause infant to get blood infection, lung infection, as well as have inflammation of the meninges that surround the brain and spinal cord.

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.	Chorioamnionitis Endometritis UTI	Pass the bacteria to neonate	Sepsis, pneumonia, meningitis	Stillbirth or death
What interventions can prevent them from developing?	Antibiotics	C-section	Antibiotics	Supportive Care -O2, IV fluids, or other measures to help with symptoms
What clinical data/assessments are needed to identify complications early?	GBS screening test between 35-37 weeks' gestation	Monitor signs of infection, VS, assessing how long the membranes have ruptured, FHR	Blood culture and urine culture	Spinal tap
What nursing interventions will the nurse implement if the anticipated complication develops?	Antibiotic	Close monitor of the infant and monitor signs of infection in mom	Assess for signs of infection	Antibiotic

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 30 units/500 mL iV	Oxytocic hormone	Stimulates contractions	Nausea Vomiting Heart rhythm changes Heavy vaginal bleeding	1. Monitor FHR 2. Monitor Uterine contractions 3. Monitor meconium discharge 4. Monitor V/S 5. Notify if having any nausea or needing to vomit.
Meperidine 25 mg IVP q2h Moderate-severe pain	Phenylpiperidine/ Synthetic opioid	Pain reliver	Lightheadedness Dizziness Headache Nausea	1. Monitor FHR 2. Monitor V/S 3. Notify if having any nausea 4. Ask before getting up as this medication can cause dizziness
Promethazine 12.5 mg IVP q4hr prn for nausea	Phenothiazines	Blocks receptors of the brain that control nausea and vomiting	Drowsiness Headaches Nightmares Dizzy Confused	1. Monitor FHR 2. Monitor V/S 3. Notify if getting out of bed to prevent injury
Clindamycin 900 mg IVBP q8h until delivery	Antibiotic	Inhibits the growth of bacteria	Nausea Vomiting Diarrhea Stomach pain	1. Monitor FHR 2. Monitor V/S 3. Notify if having nausea or needing to vomit 4. Drink plenty of fluids to prevent dehydration

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	Administer antibiotic to prevent infant on being exposed to Group B+
Goal/Outcome	The infant will be born healthy and won't need to be sent to the NICU

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Monitor contractions	1. Prevent tachysystole; can cause poor oxygen-rich blood to the placenta	1. infant will do well on oxytocin and will not need IUR
2. Monitor FHR	2. Helps to determine if the baby is getting enough oxygen and that labor is progressing. Can indicate cord compression or fetal distress	2. FHR will be normal
3. Administer antibiotic	3. Prevent transmitting the bacteria to newborn	3. Antibiotics will be given within the time frame

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5 (4.8-10.8)	
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
Positive GBS		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
						Monitor material VS	Cervical check FHR

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
• Name**/**age
• G P AB L EDB / / Est. Gest. Wks.:
• Reason for admission
Background
• Primary problem**/**diagnosis
• Most important obstetrical history
• Most important past medical history
• Most important background data
Assessment
• Most important clinical data:
• Vital signs
• Assessment
• Diagnostics/lab values
Trend of most important clinical data (stable - increasing**/**decreasing)
• Patient/Family birthing plan?
• How have you advanced the plan of care?
• Patient response
• Status (stable**/**unstable**/**worsening)
Recommendation
• Suggestions for plan of care

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 _____

Intake_____ Output:_____

Notes: