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

Student Name:_____ Admit Date: _____

Patient initials: _____ G___P___AB___L___M___EDD:___/___/___ Gest. Age:____

Blood Type/Rh:_____ Rubella Status: _____ GBS status: _____

Obstetrical reason for admission:_____

Complication with this or previous pregnancies: _____

Chronic health conditions:_ _____

Allergies: _____

Priority Body System(s) to Assess: _____

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
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications

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.				
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?				

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

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 Goal/Outcome	

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1.	1.	1.
2.	2.	2.
3.	3.	3.

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

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

Time:	Focused OB Assessment						
VS	Contractions	Vaginal exam	Fetal Assessment	Labor Stage/phase	Pain Plan	Emotional	Other
	Freq. 10 Dur.1 hour Str.	Dil. 3 Eff.75 Sta.-2 Prest.Vert BOW	FHR Var.yes Accel.yes Decel.absent TX.	Early stage		Sister	

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
Cervical exams and FHM	Determined labor stage and phase and progression of labor

Most Important Fetal Assessment Findings	Clinical Significance
Good variations on FHM no decelerations	Baby is tolerating labor well

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
Data supports that pt is in early labor and can return home now		XX	

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
Remained unchanged	Early labor to be done at home and return to hospital once contractions are lasting 1 minute, are 5 minutes apart over 1 hour	Pt will return when in true labor

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age A.J. 24 yrs. old
- G 2   P 1   AB 0   L 1   EDB 5/13/25 Scheduled induction once 40-41wks   Est. Gest. Wks.: 38 5/7
- Reason for admission: Early Labor

Background

- Primary problem/diagnosis Early Labor – contractions q 10 min for 1 hr.
- Most important obstetrical history: Monitor for progress of labor and VS esp. BP and she is GBS +
- Most important past medical history: Asthma controlled with medications
- Most important background data: Vaginal delivery with 1st pregnancy, 9lb 8 oz

Assessment

- Most important clinical data:
  - Vital signs: BP 130/80, P 84, WNL
  - Assessment: Progress of labor (cervix exams and monitor info) 3-4cm, 75% E, -2 station
  - Diagnostics/lab values: None needed at this time
  - *Trend* of most important clinical data (stable - increasing/decreasing) stable
- Patient/Family birthing plan? Pt and her sister, Rita, will utilize various techniques to deal with this stage of lab or at home.
- How have you advanced the plan of care? Yes, I kept patient comfortable, monitored VS and FHM and the progression of labor.
- Patient response: Pt. was ok to return home and labor there until her contractions are 5 minutes apart, each lasting 1 minute and being consistent for 1 hour or until her ROM. CN also was getting pt and her sister information for caseworker due to financial hardship and concerns.
- Status (stable/unstable/worsening): stable

Recommendation

- Suggestions for plan of care: D/C pt to labor at home during this early phase with Braxton Hicks and to return when contractions lasting 1 minute are 5 minutes apart and have been consistent for 1 hour OR ROM occurs. Taught pt and her sister difference between false and true labor.

O2 therapy: None required _____ _____

IV site: None required _____ _____

IV Maintenance: None required _____ _____

IV Drips : None required _____ _____

Anesthesia : None Required right now

 Local / Epidural / Spinal / General _____

Episiotomy NA _____

Treatment _____ _____

Incision NA _____Dressing NA_ _____

Fundus Location_____ Firm / Boggy _____

Notes:

Reported progress to Dr. Hope and he DC pt to labor during this phase at home and to return to L&D once her contractions are lasting 1 minute and are 5 minutes apart and have been consistent for 1 hr OR ROM.

Pain Score __3_____Treatment___ ____ _____

Fall Risk/Safety NA_____ _____

Diet: Regular_____ _____

Last Void_____ Last BM _____ _____

Intake_NA_____ Output:NA__ ___