OB Simulation Patient Preparation Worksheet

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

Student Name: Peter Guajardo Admit Date: _____
Patient initials: A.J G_2_P_1_AB__L_1_MEDD: __/__/__ Gest. Age: 39
Blood Type/Rh: O+ Rubella Status: Immune GBS status: Positive
Obstetrical reason for admission: SPOM/ Early Labor
Complication with this or previous pregnancies: N/A
Chronic health conditions: Asthma
Allergies: Penicillin
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.

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
Group B Strep + Passed from mom to baby through delivery	Approximately one in three to four pregnant people in the United States "carries" GBS in their digestive tract and/or in their vagina. Carrying GBS is not the same as having an infection. Carriers are not sick and do not need treatment during or after pregnancy. There is nothing you can do to avoid carrying GBS.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
Group B Strep + Passed from mom to baby through delivery	can colonize the gastrointestinal and genitourinary tracts of pregnant people, and during labor the bacteria can be transmitted to the infant as they pass through the birth canal. , the bacteria can be passed to the infant, leading to serious infections like sepsis, pneumonia, or meningitis.

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.	Antibiotic therapy allows for mom to give a “natural childbirth”	Anaphylaxis	Baby does not get infection	infection to baby
What interventions can prevent them from developing?	Administer Clindamycin, due to allergies and hx of asthma	Giving the correct antibiotic! Not penicillin or cefazolin	Administer antibiotic asap	Administer antibiotic asap
What clinical data/assessments are needed to identify complications early?	It is already known mom is GBS +, assessing for allergies	Apply pulse ox, ask what reaction is caused due to allergies. O2 ready	Early pulse ox, monitor FHR	Early pulse ox, monitor FHR
What nursing interventions will the nurse implement if the anticipated complication develops?		O2, epinephrine administration, bolus fluids, possible intubation		Transfer to the NICU, aggressive antibiotics for 7-14 days

Problem Recognition

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/asses sments are needed to identify complications early?				

Pharmacology.

Medications	Pharm. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/Nursing Responsibilities
Epinephrine	Adrenergic bronchodilator	Hormone & neurotransmitter that acts on alpha & beta receptors to make muscles of airway to relax	Breathing problems, fast/irregular heartbeat, pale skin	Effect may wear off after 10 to 20 minutes, so I will stay in the room for longer
Oxytocin	Uterotonic agents	hormone that is used to induce labor or strengthen uterine contractions, or to control bleeding after childbirth.	Fast/slow/irregular heart rate, excessive bleeding	We will monitor through vaginal exams, contractions and FHR
Terbutaline	Adrenergic bronchodilator	Bronchodilator used to treat/ prevent bronchospasms	Wheezing, Low K, chest pain, pounding heart	Pulse Ox and O2 administered
Meperidine	Opioid	acute pain severe enough to require an opioid	Serotonin Syndrome, addiction, respiratory depression	Pulse ox, assess pain levels often
Promethazine	Antihistamine	blocks the effects of the naturally occurring chemical histamine in your body. Preventing nausea	Drowsiness, shallow breathing, fast/slow heartbeat	Must be taking before a meal, offer snacks. Assess nausea often
Clindamycin	Lincomycin derivatives	antibiotic that fights bacteria in the body.	N/V, stomach pain, skin rash, vaginal itching	CAN CAUSE C DIFF!!! assess stool as needed

Nursing Management of Care

1. After interpreting clinical data collected, identify the nursing priority goal for your shift and **three p riority interventions specific for your patient's possible complications (listed on page one).** For each intervention write the rationale and expected outcome.

Nursing Priority	Treat GBS
Goal/Outcome	Baby does not have infection, if so, have mild symptoms

Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Administer Antibiotic! Assess allergies, and have room ready in case of anaphylaxis	1. fight infection, specifically GBS	1. Healthy baby! Mom will not be effected, this is for the baby
2. Vaginal exam, FHR, Oxytocin administration	2. Make sure everything is going the way it's supposed to.	2. progression of labor, FHR WNL
3. Pain / nausea assessment	3. Labor can cause both pain and nausea! Better to stay on top of it then to play catch up	3. Keep pain and nausea at a tolerable level

Abnormal Relevant Lab Test	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
WBC	12.5	Signifies an infection
Metabolic Panel Labs		
GBS	+	Can be passed onto baby
Are there any Labs results that are concerning to the Nurse?		
Just WBC		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
	Asthma, allergic reaction			Vaginal exam often		All	

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

- 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: