

OB Simulation Patient Preparation Worksheet

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

Student Name: Michael Garces Admit Date:

Patient initials: AJ G2 P1 AB0 L1 M0 EDD: 3/27/ Gest. Age:18W

Blood Type/Rh: Positive Rubella Status: Immune GBS status: Positive

Obstetrical reason for admission: Pregnancy at 39 wks, SROM, early labor

Complication with this or previous pregnancies: None

Chronic health conditions: _____

Allergies: Penicillin

Priority Body System(s) to Assess: Immune, CV, GU

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 positive	A gram-positive bacterium normally found in the GI and genital tract. It can cause transmission during labor. Vertical transmission occurs when the newborn is exposed to GBS in the birth canal. Risk is increased with prolonged rupture of the membrane, maternal fever, and preterm labor.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Early-onset GBS disease Late-onset GBS disease	Chorioamnionitis – maternal fever, fetal tachycardia, and preterm labor. Stillbirth or miscarriage due to overwhelming infection. Sepsis in utero – compromised fetus will have acidosis, hypoxia or death. Meningitis – GBS crosses blood-brain barrier and it can cause cerebral edema and neuronal damage.

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- bacteria ascend that will cause bacteruria then cystitis/pyelonephritis is if gets worse	Chorioamnionitis or PP sepsis that can lead to preterm labor, fetal distress, or stillbirth	Early-onset neonatal sepsis and pneumonia (24-48 hrs of life). NB inhales infected amniotic fluid, enters lungs, bloodstream = systemic infection (respiratory distress, poor feeding, temp instability, lethargy). Treatable if caught early.	Meningitis with neurological damage or death (1 week-3 months) – GBS crosses blood-brain barrier that will cause inflammation, cerebral edema then neonatal injury. High mortality rate.
What interventions can prevent them from	-Universal screening – vaginal-rectal swab (35-37 weeks)		Close observation of at-risk infants – watch early signs of sepsis	

developing?	Intrapartum abx prophylaxis -Maternal UTI management. -Minimize VE after ROM to reduce ascending infection. -Avoid internal fetal monitoring if mom is GBS positive		(poor feeding, apnea, lethargy)	
What clinical data/assessments are needed to identify complications early?	S&S of infection – temp >100.4, tachycardia >100 bpm -uterine tenderness -urine testing -foul odor amniotic fluid, also cloudy, mec stained		Fetal heart tracing - >160 bpm can be a first sign -respiratory distress -poor feeding Late onset -neurological symptoms (seizures, bulging fontanelles – sign of meningitis) -poor tone	
What nursing interventions will the nurse implement if the anticipated complication develops?	-assess and monitor = frequent VS, continuous fetal monitoring, monitor uterine tenderness -administer broad spectrum IV abx -antipyretics for fever -oxygen therapy for maternal hypoxia or fetal distress -supportive measures (cooling blankets, pain reliever) -prepare for emergency c-section if fetal compromise is severe		-assess and monitor VS, neurological checks, feeding tolerance. -observe for apnea, grunting, or cyanosis. -immediate NICU admission if unstable. -administer abx. -oxygen, fluids, thermoregulation, seizure precautions, frequent blood cultures.	

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 u/500ml IVPB	Utereronic/ labor stimulant	Stimulates uterine contractions	-uterine tachysystole -N/V, HA -hyponatremia (water intoxication) -fetal distress (late decels, bradycardia)	-continuous EFM (110-160 bpm, late decels, bradycardia) -contraction monitoring (q. <2-3 mins, 90 secs) -uterine resting tone – should return to soft between contractions
Meperidine 25 mg IVP prn q.2h	Opioid analgesic	Pain reliever	-sedation dizziness, drowsiness, -N/V -hypotension and bradycardia -resp depression -resp depression (infant) if given close to delivery	-assess pain level -check maternal VS -confirm labor stage and estimated time of delivery. -slow IV push (1-2 mins) = excessive sedation or resp depression -monitor FHR (baseline, variability, decels)
Promethazine 12.5 mg IVP q.4h prn (diluted in 10 ml saline)	Phenothiazine derivative, antihistamine	Antiemetic effects	-sedation or drowsiness -hypotension -dry mouth -blurry vision, -urinary retention -(fetal) if crossed the placenta, can cause sedation or resp depression	-assess maternal N/V -check VS, esp BP and HR -confirm IV patency -administer slowly (2-5 mins) to avoid tissue irritation = over sedation, resp depression, extrapyramidal symptoms. -avoid intraarterial injection – tissue injury. -have emergency equipment ready in case of hypotension and severe sedat
Penicillin G 5 mil units IVPB now, then 2.5 mil units IVPB q.4h.	Beta-lactam abx	Antibacterial	-N/V, diarrhea -phlebitis at IV site -(fetal) rare hypersensitivity reactions if mom is allergic	-assess allergies, esp to penicillin -review hx of anaphylaxis -check VS, if giving first dose -ensure IV access is patent -observe site for phlebitis -be prepared for emergency management if allergic reaction occurs
Cefazolin 2 g IVPB now, then 1 gm IVPB q.8h.	1 st gen cephalosporin abx	Antibacterial	-N/V, diarrhea -phlebitis at IV site	-same with penicillin G -confirm timing relative to expected delivery
Clindamycin 900 mg IVPB now, then 900 mg IVPB q.8h.	Lincosamide abx	Antibacterial	-N/V, diarrhea -abd pain -rash, urticaria	-check VS -confirm IV access and proper dilution -monitor infusion site reactions -observe for GI symptoms -monitor infant VS
IV LR 1000 ml	Isotonic solution	Electrolyte replacement therapy	-fluid overload -hypernatremia if infused rapidly	-check VS and fluid status -evaluate CV and renal status -monitor electrolyte disturbances. -monitor maternal-fetal status during infusion
Terbutaline	Beta-2 adrenergic agonist	Uterine muscle relaxant	-tachycardia, palpitations -tremors, nervousness, anxiety -hypokalemia, -hyperglycemia -HA, dizziness.	-assess maternal HR, BP and resp status. -evaluate fetal HR and variability -confirm gestational age and contraction pattern -assess uterine contractions for frequency, duration, and intensity.

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"> • Name/age • G P AB L EDB / / Est. Gest. Wks.: • Reason for admission
Background
<ul style="list-style-type: none"> • Primary problem/diagnosis • Most important obstetrical history • Most important past medical history • Most important background data
Assessment
<ul style="list-style-type: none"> • Most important clinical data: <ul style="list-style-type: none"> • Vital signs • Assessment • Diagnostics/lab values <i>Trend</i> 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
<ul style="list-style-type: none"> • 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: