OB Simulation Patient Preparation Worksheet

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

Student Name: Meaghan Rose Admit Date: 009/02/2025

Patient initials: AJ G 1 P 0 AB 0 L1 M 0 EDD: / / Gest. Age:39wks
Blood Type/Rh: O+ Rubella Status: immune GBS status: positive
Obstetrical reason for admission: SROM 2hrs, clear fluid, with onset of uterine contractions
Complication with this or previous pregnancies: no previous complication with past delivery. Her last pregnancy she did have a large baby. With this pregnancy, worried about GBS positive
Chronic health conditions: HX of Asthma
Allergies: Penicillin
Priority Body System(s) to Assess: Cardiac, Respiratory, fundal height, SVE possibly to check for dilation and effacement, Leopold's maneuver to assess position of baby

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 Streptococcus	Group B streptococcus is a Gram-positive bacterium that commonly colonizes the maternal rectum, vagina, and urinary tract. Many women are asymptomatic carriers
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
At risk for developing Group B streptococcus	The fetus/newborn can acquire GBS in utero (via ascending infection with ruptured membranes), or during passage through the birth canal

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.	Asymptomatic colonization UTI's Chorioamnionitis Postpartum endometritis	Sepsis and septic shock Disseminated intravascular coagulation (DIC) Maternal death	Early onset GBS disease, sepsis or pneumonia within the first 24-48 hours of life, respiratory distress, late-onset GBS disease can occur between 7 days-3months	Septic shock, Severe meningitis Stillbirth or neonatal death
What interventions can prevent them from developing?	High dose of antibiotics until delivery	" "	" "	" "

What clinical data/assessments are needed to identify complications early?	Prenatal GBS screening (for treatment during labor)		Prevent vertical transmission	
What nursing interventions will the nurse implement if the anticipated complication develops?	IVPB Clindamycin to treat infection until delivery		Closely monitor baby for 48 hours after delivery including vital signs, blood cultures, CBC, and CRPif symptomatic	Ampicillin + gentamicin started immediately if baby shows signs of infection or labs suggest sepsis, This prevent progression to septic shock, meningitis, or death

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
Ibuprofen	NSAID	Used to treat mild to moderate pain and can help with menstrual cramps	Abdominal pain acid or sour stomach belching bloating cloudy urine decrease in amount of urine decrease in urine output or decrease in urine diarrhea difficulty having a bowel movement (stool) N/V/D	Assess pain Have patient take with a small meal or crackers to relieve any potential for an upset stomach
Acetaminophen	Analgesic	Acetaminophen is used to treat minor aches and pain and to reduce fever.	N/V – take with small meal or crackers	Assess temperature Assess pain Teach about not taking more than 4g of this medication Have patient take with a small meal

Clindamycin 900mg IVPB NOW then 900mg IVPB q8rs until delivery	Clindamycin belongs to the lincosamide class of antibiotics. Lincosamides	Clindamycin is used to treat bacterial infections. This medicine may be given to patients who have had an allergic reaction to penicillin. • It works by inhibiting bacterial protein synthesis, which helps to stop the growth of bacteria.	Diarrhea	Teach about diarrhea and to report any large amounts Monitor for signs of anaphylaxis Monitor for any blood in urine and stool
Meperidine 25mg IVP q2hrs Pain (4/10)	narcotic analgesics	Meperidine is used to relieve pain severe enough to require opioid treatment and when other pain medicines did not work well enough or cannot be tolerated. It belongs to the group of medicines called narcotic analgesics (pain medicines). Meperidine acts on the central nervous system (CNS) to relieve pain. This medicine should not be used to relieve chronic (long-lasting or recurrent) pain.	Constipation Upset stomach N/V Dizziness Lightheadedness Fatigue	Teach patient about changing positions slowly Teachings about constipation It would be good to consider a stool softener and high fiber foods to lessen the constipation (leafy green veggies, whole grains, legumes, and pears)
Promethazine 12.5 IVP q4hrs Diluted in 10mL saline for nausea	1st generation antihistamine	Promethazine is also used to prevent and control motion sickness, nausea, vomiting, and dizziness. It works by preventing the effects of a substance called histamine, which is produced by the body. Controls nausea and vomiting	Dizziness Lightheadedness Fatigue Dryness in mouth Skin more sensitive to light Unusual tiredness and weakness	This medicine will add to the effects of alcohol and other CNS depressants - Patient can suck on a sugar free candy to help reduce dry mouth - Use/apply sunscreen before going outside, wear sunglasses and a hat

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	SROM and administer antibiotics for Group B positive
Goal/Outcome	No infection, fetal heart rate normal

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Cardiac and Respiratory Assessment, Leopold's maneuver, and possible SVE to check for dilation and effacement	1. Wanting to make sure the baby is in a good position for delivery. Check to see if labor is progressing.	1. Normal breath sounds equal bilaterally. Cardiac assessment equal rate and rhythm. Leopold's position

2. Assess fetal heart rate for one full minute	2. With rupture of membranes, prolapse of the umbilical cord can happen. When the cord is compressed between the presenting part and pelvis it can create variable deceleration, prolonged decelerations, or Bradycardia FHR	2. Fetal heart rate will remain a normal pattern and rhythm during this assessment.
3. Administer antibiotics for GBS positive. Clindamycin 900mg IVPB NOW, then 900mg IVPB Q8 until delivery	3. Prevent transmission of Group B Streptococcus bacteria to newborn during birth.	3. Bacteria will be treated before birth and baby will be delivered without transmission of Group B Streptococcus from mom.

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

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: