

# OB Simulation Patient Preparation Worksheet

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

Student Name: Sadie Burrow Admit Date: \_\_\_\_\_

Patient initials: A.J G 2 P- 1 L- 1 EDD: 3/27/xx Gest. Age: 39 weeks

Blood Type/Rh: O positive Rubella Status: immune GBS status: positive

Obstetrical reason for admission: Spontaneous Rupture of Membranes

Complication with this or previous pregnancies: Group B strep Positive

Chronic health conditions: asthma

Allergies: PCN

Priority Body System(s) to Assess: Resp, GU, Cardiovascular

## 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
SROM while mom is Group B strep Positive	Spontaneous rupture of membranes usually occurs during labor when the amniotic sac breaks on its own. Thus, losing the protective barrier and now organisms can get into uterine cavity. GBS colonizes the genital tract of pregnant female and can enter uterine cavity when ROM happens.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Prolapsed Umbilical cord Sepsis	Occurs when SROM and cord slips and goes Infront of baby so now it is compressed between baby and pelvis. Fetus isn't getting o2 or nutrients Bacteria from moms GU or GI tract (GBS) ascends to the fetus then enters babies bloodstream.

## 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.	Intrauterine infection	Maternal sepsis	Prolapsed umbilical cord	Sepsis
What interventions can prevent them from developing?	<ul style="list-style-type: none"> <li>- Check temperature q2 hours</li> <li>- deliver within 24 hours</li> <li>- admin antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>- Check temperature q2 hours</li> <li>- deliver within 24 hours</li> <li>- admin antibiotics</li> </ul>	<ul style="list-style-type: none"> <li>- Assess FHR 1<sup>st</sup> after ROM (1 min)</li> <li>- Vaginal exam</li> </ul>	<ul style="list-style-type: none"> <li>- Early prenatal care</li> <li>- Vaccination for group b strep</li> <li>- Assess FHR</li> <li>- Admin antibiotics for GBS</li> <li>- C-section if needed</li> </ul>
What clinical data/assessments are needed to identify complications early?	<ul style="list-style-type: none"> <li>- WBC</li> <li>- Amniotic fluid assessment</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- WBC</li> <li>- Amniotic fluid assessment</li> </ul>	<ul style="list-style-type: none"> <li>- FHR monitoring</li> <li>- Vaginal exam</li> </ul>	<ul style="list-style-type: none"> <li>- Monitor VS</li> <li>- Blood tests</li> <li>- Urine tests</li> </ul>
What nursing interventions will the nurse implement if the anticipated complication develops?	<ul style="list-style-type: none"> <li>- Admin antibiotics</li> <li>- Monitor vitals hourly if fever present</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>- Admin antibiotics</li> <li>- Monitor labs and monitor vital signs</li> <li>- IV bolus and electrolyte replacement</li> </ul>	<ul style="list-style-type: none"> <li>- Push cord back up</li> <li>- Deliver baby via c-section</li> <li>- Perform IUR</li> <li>- Place mom on side, knee chest or Trendelenburg</li> </ul>	<ul style="list-style-type: none"> <li>- Antibiotics</li> <li>- Oxygen</li> <li>- Fluids</li> <li>- Constant monitoring</li> </ul>

## 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	Oxytocic agents	Binds to oxytocin receptors	Abnormal HR & FHR, uterine hyperstimulation	Admin secondary IVPB, start slowly and titrate, stop for abnormal FHR or tachystole, get 20 min of uterine activity strip b4 admin.
Terbutaline	Beta- 2 adrenergic receptor agonist (tocolytic)	Suppresses uterine contractions	Pulmonary edema, hyperglycemia, fetal tachycardia, hypotension	Only use for 48-72 hrs, Auscultate lungs for pulmonary edema, monitor blood glucose, monitor FHR & UCs, I&Os
Meperidine	Opioid	Agonist on CNS system which relieves pain	Dizziness, sedation, constipation	Assess pain management, assess resp status and cns depression
Promethazine	Phenothiazines antihistamine	Antagonists at receptor sites in brain which allows for ease of symptoms	Drowsiness & fatigue, dry mouth, blurred/ double vision	Watch level of sedation and dizziness, careful when moving (fall-risk) , monitor EPS symptoms, watch resp status
Epinephrine	Alpha- and beta- adrenergic agonists	Binding and activating adrenergic receptors and then this trigger fight or flight response.	Heart palpations, anxiety, sweating, tachycardia	Monitor ABCs, Monitor VS, check for improvement of anaphylaxis
Clindamycin	Antibiotics	Clindamycin inhibits protein synthesis.	N/V/D, vaginal itching, discharge, yeast infection	Observe for signs of anaphylaxis (itching, rash, resp distress) Continuous FHR monitoring Monitor for signs of infection

## Nursing Management of Care

- 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.

<b>Nursing Priority</b>	Administer antibiotics to patient to treat for GBS before baby is born		
<b>Goal/Outcome</b>	Newborn does not contract GBS, and mom does not get a intrauterine infection		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
1. Monitor progression of labor, FHR and contractions	1. Monitor if fetus is in distress and if antibiotics can be fully given before birth. Can help to determine if Tocolytics will need to be given.	1. Labor progresses normally and antibiotics were able to be given before delivery and fetus did not get distressed, tocolytics possibly given.	
2. Monitor moms' vitals	2. Indicator of infection	2. Mother doesn't run a fever and vitals stay within range	
3. Vaginal Exam	3. Will show if umbilical cord has prolapsed or if change in amniotic fluid.	3. Umbilical cord isn't prolapsed, IUR will not have to be activated.	

Abnormal Relevant Lab Test	Current	Clinical Significance
<b>Complete Blood Count (CBC) Labs</b>		
WBC	12.5	Elevated can indicate infection
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
GBS positive		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
yes	Yes			Yes			Labor Progression

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**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?

<b>Most Important Maternal Assessment Findings</b>	<b>Clinical Significance</b>
<b>Most Important Fetal Assessment Findings</b>	<b>Clinical Significance</b>

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"> <li>Name/age</li> <li>G P AB L EDB / / Est. Gest. Wks.:</li> <li>Reason for admission</li> </ul>
Background
<ul style="list-style-type: none"> <li>Primary problem/diagnosis</li> <li>Most important obstetrical history</li> <li>Most important past medical history</li> <li>Most important background data</li> </ul>
Assessment
<ul style="list-style-type: none"> <li>Most important clinical data:                             <ul style="list-style-type: none"> <li>Vital signs</li> <li>Assessment</li> <li>Diagnostics/lab values</li> </ul> </li> <li><i>Trend of most important clinical data (stable - increasing/decreasing)</i></li> <li>Patient/Family birthing plan?</li> <li>How have you advanced the plan of care?</li> <li>Patient response</li> <li>Status (stable/unstable/worsening)</li> </ul>
Recommendation
<ul style="list-style-type: none"> <li>Suggestions for plan of care</li> </ul>

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:**