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

Student Name: Amber Freeman   Admit Date: 9-23-25

Patient initials: AJ   G 2 P 1 AB 0 L 1 M 0 EDD: 3 /21 /25 Gest. Age: 24

Blood Type/Rh: O⁺   Rubella Status: Immune   GBS status: positive

Obstetrical reason for admission: 39 wks SROM, early labor

Complication with this or previous pregnancies: None

Chronic health conditions: Asthma (controlled c̄ meds)

Allergies: Penicillin

Priority Body System(s) to Assess: Lungs

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 – when water breaks before labor has actually started. Early labor- cervix begins to dilate & efface	
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
GBS + = baby could be infected when being born. Close monitor of the newborn when born.	

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.	Chorioamnionitis	Umbilical cord prolapse	With chorio-amnionitis baby could become septic.	With cord prolapse can lead to fetal oxygen deprivation & death if not tx ASAP
What interventions can prevent them from developing?	limit vaginal exams bed rest	put an internal fetal monitor to watch for any declerations	watching FHR & note any distress	Monitor FHR for cord compression (decelerations)
What clinical data/assessments are needed to identify complications early?	Fever uterine tenderness foul smelling amniotic fluid monitor labs	check the presenting part is well applied to the cervix & engaged into the pelvis at 0 station	FHR as elevated rate can be sign of distress or infection	FHR decelerations would be the sign of cord compression
What nursing interventions will the nurse implement if the anticipated complication develops?	Give antibiotics	put mom in Trendelenburg hold cord back in vagina & call for help	Give antibiotics	baby could be breeched or transverse

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	Uterine smooth muscle stimulant	Helps c̄ contractions	Tachycardia hypotension N/V	Monitor BP, FHR, contractions
Meperidine	Opioid analgesic	help c̄ pain	HA N/V Dry mouth Constipation	Monitor bowel activity monitor VIs
Promethazine	Antihistamine	helps c̄ nausea & vomiting	drowsiness, dizziness confusion fatigue	monitor I/o's assess Loc monitor resp.
Clindamycin	Antibiotic	to prevent infection being spread to baby c̄ mom being GBS positive	Abd pain N/V diarrhea skin rash	monitor bowel activity monitor for any rash make sure pt gets 2 bags Q4hr before delivery

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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	Maintaing fetal well being due to SROM		
Goal/Outcome	Fetus delivered c̄ no complications		
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**	
1. Assess for infection.	1. Could pass it along to fetus.	1. Mom will not have fever, foul smell vagina fluids, no ↑ ♡ rate.	
2. ✓ to make sure no prolapse cord, Monitor FHR for decels	2. Fetus could be in distress if cord is prolapsed	2. No signs of fetal distress such as no decelerations	
3. Educate mom on what to report such as changes in fetal movement or any uterine tenderness.	3. So that if problems arise it can be fixed ASAP.	3. Mom will be able to report any decreased or absent fetal movement, mom will also be able to express any uterine tenderness.	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	high maybe due to infection (SROM)
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
WBC 12.5 (high) Range 4.8-10.8		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
Since on oxytocin ↑ ♡ rate if infection occurs	not shallow or labored	LOC due to certain meds	✓ for N/V	make sure no diarrhea or constipation	✓ for rash due to antibiotics	BP R Temp	Signs of infection (smell)