

OB Simulation Patient Preparation Worksheet

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

Student Name: Amanda Miller Admit Date: _____
 Patient initials: BGJ G__P__AB__L__M__ EDD: / / Gest. Age: 39 w
 Blood Type/Rh: (Pending) Rubella Status: N/A GBS status: Mom + @ 36 wks
 Obstetrical reason for admission: Term delivery at 39 weeks
 Complication with this or previous pregnancies: None reported
 Chronic health conditions: None reported
 Allergies: NKDA
 Priority Body System(s) to Assess: Thermoregulation, respiratory, CV

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
Hypothermia with early respiratory distress.	Newborns lose heat quickly because of their large surface area, thin skin, and limited ability to shiver. If temperature is not stabilized, hypothermia can lead to increased oxygen use, respiratory distress, hypoglycemia, and metabolic acidosis.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Hypothermia → jitteriness, poor feeding, mottling, increased RR with grunting. Can progress to hypoglycemia, hypoxemia, sepsis, or respiratory failure if untreated.	Cold stress increases oxygen and glucose consumption. This can worsen respiratory effort and deplete energy stores, risking metabolic imbalance and organ dysfunction.

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.	N / A	N / A	Hypothermia Hypoglycemia Respiratory distress	Sepsis, respiratory failure, death
What interventions can prevent them from developing?	N / A	N / A	Maintain thermoregulation (skin-to-skin, warmer, hat, swaddling) ; monitor temp and glucose	Early recognition, warming, labs, notify provider promptly
What clinical data/assessments are needed to identify complications early?	N / A	N / A	Monitor VS (temp, HR, RR, O2 sat), assess color, activity, feeding, blood glucose	CBC, glucose, O2 monitoring
What nursing interventions will the nurse implement if the anticipated complication develops?	N / A	N / A	Rewarm (skin-to-skin, radiant warmer), support respirations, feed or give glucose per protocol, notify provider	Escalate care, oxygen therapy, IV glucose/ fluids, sepsis work up

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
Phytonadione (Vitamin K)	Vitami, fat soluble	Helps blood clod by promoting clotting factors in liver.	Pain at injection site, rare allergic reaction	Monitor for bleeding, give IM safely.
Erythromycin Ophthalmic Ointment	Antibiotic	Prevents eye infection from maternal bacteria in the birth canal.	Mild eye irritation, blurred vision	Apply to both eyes, monitor for redness/swelling.
Hepatitis B Vaccine (Enteric-B)	Vaccine	Stimulates immune system to build antibodies against Hep B.	Soreness, mild fever	Consent before giving, teach parents, monitor for reaction
Sucrose 24% solution	Analgesic for minor procedures	Activates sweet taste receptors to calm/relieve pain	None significant	Use before painful procedures, assess soothing effect

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	Maintain normal newborn thermoregulation and stable vital signs throughout the shift.	
Goal/Outcome		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Place infant skin-to-skin with mother and use warm blankets/hat.	1. Direct skin-to-skin provides warmth, stabilizes temperature, HR, and respirations, and promotes bonding.	1. Infant maintains temp within normal range (97.7-99.5*F) and VS remain stable.
2. Monitor vital signs and blood glucose per protocol; assess for jitteriness, color changes, or respiratory distress.	2. Frequent monitoring allows early detection of cold stress, hypoglycemia, or respiratory compromise.	2. Any abnormal findings are identified early and managed promptly, preventing deterioration.
3. Provide warming interventions (radiant warmer if needed) and notify pediatrician if unstable or persistent hypothermia/respiratory distress.	3. Prompt escalation ensures appropriate treatment (e.g., glucose, O2, sepsis workup) to prevent serious complications.	3. Infant's temp and respiratory effort improve, avoiding hypoglycemia, sepsis, or respiratory failure.

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	9.7 (H)	Ref range : 4.1-6.1
Hgb	25.8 (H)	Ref range : 14.5-24.5
HCT	65.9 (H)	Ref range : 44-64
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
Blood type  _____ Rh + / - .		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
Monitor					Temperature Color		

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
96.6°F			Irritable cry Jittery			Brief period of cyanosis; resolved with blow by O2	

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
GBS +	Infection can pass to the baby during delivery.
Most Important Fetal Assessment Findings	Clinical Significance
Hypothermia	Baby may be unable to thermoregulate due to possible infection from GBS +, goal is to prevent sepsis.

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
Moved baby to radiant warmer for assessment, temperature regulation.		X	
Mild cyanosis noted to baby's mouth during assessment in radiant warmer. Blow-by oxygen provided.	X		

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
Admitted to the NICU	Monitor temperature, labs, treat with antibiotics if necessary. Educate mom upon discharge about how to take a temperature so she feels prepared to do that	Following treatment of possible infection, baby will go home happy and healthy with an educated and confident mom.

Professional Communication - SBAR to Primary NURSE

Situation
<ul style="list-style-type: none"> Name/age <i>Baby Girl Jones / 0 days</i> G P AB L EDB / / Est. Gest. Wks.: <i>39 weeks</i> Reason for admission <i>Admit to NICU for hypothermia</i>
Background
<ul style="list-style-type: none"> Primary problem/diagnosis <i>Unstable thermoregulation</i> Most important obstetrical history <i>Mother GBS +</i> Most important past medical history <i>→ currently unable to thermoregulate</i> Most important background data <i>Mother GBS +</i>
Assessment
<ul style="list-style-type: none"> Most important clinical data: <ul style="list-style-type: none"> Vital signs <i>150 ❤️ 96.6°F</i> Assessment <i>Jittery, intermittently crying spells. Brief period of cyanosis, corrected with blow by O2.</i> Diagnostics/lab values <i>STAT - CBC, CMP, Blood culture, chest x-ray → WBC came back critical high at 29,000</i> Trend of most important clinical data (stable - increasing/decreasing) Patient/Family birthing plan? How have you advanced the plan of care? <i>Per Doctor, baby transferred to NICU for admission</i> Patient response Status (stable/unstable/worsening)
Recommendation
<ul style="list-style-type: none"> Suggestions for plan of care <p><i>Baby: monitor thermoregulation, blood work Mom: monitor VS, urinary output, fundal massage</i></p>

O2 therapy *Brief blow-by O2 due to cyanosis*

IV site _____

IV Maintenance *N*

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: *A*

Notes:

NAME: Amanda Miller

DATE: September 24th, 2025

POST-CLINICAL REFLECTION OB Simulation Reflection - due on Thursday by 2359

To strengthen your clinical judgment skills, reflect on your knowledge and the decisions made caring for this patient by answering the reflection questions below.

Reflection Question	Nurse Reflection
<p>What feelings did you experience in clinical?</p> <p>Why?</p>	<p>I had a good time in SIM. It was a relaxed learning environment and that really does have an influence on learning experience. Mine was awesome! I love to ask questions and you always answer them with knowledge and kindness. Thank you!</p>
<p>What did you already know and do well as you provided patient care?</p>	<p>I felt comfortable with immediately recognizing the need for and providing my newborn blow by O2.</p> <p>I also feel comfortable calling for help for orders/medical direction.</p>
<p>What areas do you need to develop/improve?</p>	<p>I need to go over post partum hemorrhage care for sure. For example, the correlation of a full bladder and uterine bleeding.</p>
<p>What did you learn today?</p>	<p>I learned that even in the hospital setting 'emergencies' happen and knowing what resources are available to you as the care provider is crucial in providing the best patient care. NICU was on the way to pick up my baby when mom began to have a hemorrhagic event. It was really refreshing to know I am part of a team! I am also learning to give myself grace and that is pretty cool.</p>
<p>How will you apply what was learned to improve patient care?</p>	<p>Knowing that I have so many resources essentially 'at the push of a button' will help me provide more rounded patient care. For example, in scenario a family member asked about lodging since the baby is being admitted to NICU and they are from out of town. Knowing I will have answers, resources, and connections to help my patients and their families is really reassuring.</p>
<p>Please reflect on how your OB simulation learning experience assisted in meeting 2-3 of the Student Learning Outcomes.</p>	<p><u>Clinical Judgement</u></p> <p>I used clinical judgement in my scenario by assessing the baby in the radiant warmer (i planned on baby being swaddled and held by mom, so i think it counts). I needed to stay with the baby, keep it warm, and provide blow by O2 before calling the NICU per doctors orders.</p> <p><u>Professionalism</u></p> <p>I used professionalism in my scenario by keeping my composure when the mom hemorrhaged during our assessment/treatment of baby. There was family in the room and she was extremely concerned so we had to explain quickly but calmly what was happening, while providing immediate hemorrhage care for the mom. I think Amber and I works quick and efficiently while keeping mom and family informed, keeping an eye out for baby in the warmer in the corner. It was fun to throw a twist in the scenario!</p>