

OB Simulation Patient Preparation Worksheet

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

Student Name: Ashtyn Poince Admit Date: 10/28/25
 Patient initials: A.J. G 2 P 1 AB O L 1 M 0 EDD: 3/27/26 Gest. Age: 20wks
 Blood Type/Rh: O/Rht Rubella Status: immune GBS status: positive - clear fluid, uterine contractions
 Obstetrical reason for admission: pregnancy @ 39 wks, SRDM, early labor - 2 hrs ago
 Complication with this or previous pregnancies: N/A
 Chronic health conditions: Asthma
 Allergies: Penicillin
 Priority Body System(s) to Assess: FHR, Temp. q 2hrs, color, odor, amount of fluid contractions, cervical exam, Leopolds

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
ruptured membranes	ruptured membranes @ 39 wks / w contractions - she could be getting ready to deliver baby soon - infection prevention
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
variable decels prolonged decel bradycardia prolapse umbilical cord	cord compression - reposition mom ↓ FHR of ≥15 beats below baseline (2min > 10min) - 4 hrs < 110 bpm for 10 min admin tocolytic - 4 hrs

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.	A.J. will most likely go into labor and deliver her baby safely.	A.J. will experience birthing complications - may need - sepsis	baby experience variable decels	infection enters R.M & causes issues w/ baby soon after birth prolapsed umbilical cord
What interventions can prevent them from developing?	breathing, calming techniques, partner support, non-pharm pain meds	prepare for baby coming - call Dr prophylactic abx	reposition mom, monitor FHR	call Dr. notify RDM CE, FHR monitor
What clinical data/assessments are needed to identify complications early?	CE, pain assessment, labs	CE, pain assessment, labs	FHR monitoring, O2 saturation, fetal movements	FHR monitor, CE
What nursing interventions will the nurse implement if the anticipated complication develops?	CE, breathing techniques, pain management, teachings	prepare labs, get order for prophylactic abx	reposition mom, monitor FHR	prophylactic abx

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 contractants	creates uterine contractions by activating uterine muscles	hypotension, water intoxication, F arrhythmias	BIP, uterine contractions count! max: 20 ml
Meperidine	opioid analgesic	1-2 hrs mod-severe pain med	hypotension, bradycardia, constipation, N/V, Resp ↓	monitor VS monitor pain-reassesses monitor for constipation admin O2 if needed
Promethazine	phenothiazine	helps treat and prevent nausea and vomiting	hypotension, dizziness, bradycardia, constipation,	monitor VS monitor IV site reassesses nausea
Terbutaline	bronchodilator adrenergic	helps pre-term labor -tocolytic; lengthens labor time	HTN, tachycardia, hyperglycemia, hypokalemia, N/V	q, monitor VS monitor Bp count contractions monitor FHR
Clinidamycin	anti-infective	prevent infection in mom & baby -group B strep	arrhythmias, hypotension, diarrhea, dizzy, ITA	monitor VS aseptic technique labs-monitor

induction of labor post partum bleeding

reassesses

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	Fetal Monitor - Mom 1st stage labor	
Goal/Outcome	2nd + 3rd Stage labor - delivery of baby safely	
Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. MONITOR FHR	1. SROM - baby could be affected in many ways - want to make sure baby is doing okay 2. mom reports pain 4/10 wants natural childbirth want to keep pain under control - not prolong labor 3. want to make sure we are prepared to deliver baby - help mom progress well	1. baby's HR remains 110-160, decels w/ contractions - no late decels, fetal movements good 2. Mom's pain remain manageable - natural birth will admin pain meds if necessary 3. mom progresses to stage 2-3 labor - birth baby w/ no complications naturally
2. MONITOR mom's pain		
3. CIE, contractions, labor progression		

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	4.8-10.8 - indicate possible infection, swelling
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
GBS positive - need to admin Clindamycin to prevent infections		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
				diarrhea? fluid loss -dehydration		B/P, ITR, O ₂ , RR	CIE monitor labor progress Pain