OB Simulation Patient Preparation Worksheet

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

Student Name: <u>Harlee Richardson</u>   Admit Date: <u>10/28/2025</u>

Patient initials: <u>BS</u>   G- 3 T- <u>1</u> P-<u>2</u> A- <u>0</u> L- <u>1</u> M- <u>0</u>   EDD: <u>NA</u> Gest. Age: <u>NA</u>

Blood Type/Rh: <u>Pending</u>   Rubella Status: <u>Unknown/Pending</u> GBS status: <u>Unknown</u>

Obstetrical reason for admission: <u>Pregnancy at unknown gestation in labor</u>

      Complication with this or previous pregnancies: <u>Both of her previous pregnancies were born preterm</u>

Chronic health conditions: <u>None</u>

Allergies: <u>NKDA</u>

Priority Body System(s) to Assess: <u>Fetal HR, Maternal Vital Signs and pending test results, Pain level, infection risk, hemotologic status</u>

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
Active labor at unknown gestation age	Brittany's uterus is contracting regularly as part of the normal process of labor.

Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Placental insufficiency/not getting enough oxygen	The fetal monitor shows minimal variability and no accelerations, this means the baby isn't getting any oxygen. Each contraction temporarily reduces blood flow to the placenta, which can decrease the baby's oxygen supply. Her baby may be compromised, and ongoing contractions could worsen oxygen deprivation.

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.	Postpartum hemorrhage due to uterine atony, anemia, or exhaustion from unmonitored labor	Maternal death from severe hemorrhage, infection, or preeclampsia	Fetal distress or hypoxia leading to need for resuscitation at birth	Stillbirth or neonatal death due to severe, prolonged oxygen deprivation
What interventions can prevent them from developing?	-monitor uterine tone and bleeding after delivery -maintain IV fluids and ensure oxytocin is given as ordered -monitor vital signs	-early recognition and treatment of abnormal bleeding or infection -maintain airway, breathing, and circulation	-continuous fetal heart monitoring -reposition mother to left lateral side -administer IV fluid bolus -administer oxygen	-prepare for emergency delivery -ensure neonatal resuscitation team is present at delivery -maintain maternal

	and fundal firmness frequently -massage fundus if boggy	-administer emergency meds	at 10 L/min via non rebreather mask -stop oxytocin if running	oxygenation and circulation
What clinical data/assessments are needed to identify complications early?	-watch for a drop in BP and an increased HR -assess fundus for firmness and position -measure and document amount and character of vaginal bleeding -watch for signs of pallor, dizziness, or weakness	-frequent vital signs and mental status checks -monitor oxygen sat. And LOC -monitor lab values —watch for sign of hemorrhagic shock	-continuous FHR monitoring -assess contraction pattern -monitor maternal oxygenation and position -evaluate FHR response to intervention	-persistent non-reassuring FHR -absent variability or acceleration despite intervention -monitor for absence of respirations or poor tone at birth
What nursing interventions will the nurse implement if the anticipated complication develops?	-massage fundus -administer IV fluids -notify provider -monitor bleeding status	-activate emergency response	-the 4 turns -continue to monitor FHR	-call neonatal resuscitation team -prepare for emergency C-section delivery -after birth initiate neonatal resuscitation

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

Meperidine	Opioid analgesic	Alters pain perception and emotional response to pain, depresses the CNS	Drowsiness, dizziness, sedation, hypotension, bradycardia, N/V, resp. depression	-assess pain before and after admin -monitor BP, RR, and LOC -assess bowel function, encourage fluids and fibers to prevent constipation -call before getting out of bed
Promethazine	Antihistamine, antiemetic	Blocks H2, histamine receptors in the respiratory tract, blood vessels, and GI tract. Inhibits the chemoreceptor trigger zone in the brain, which helps prevent and control nausea and vomiting	Drowsiness, dizziness, confusion, sedation, hypotension, bradycardia, resp. depression	-assess LOc, orientation, and vital signs before and after admin -monitor for resp depression -assess N/V or motion sickness -give IV slowly -call before you get out of bed
Penicillin G	Beta-lactam antibiotic	Stops bacteria from building their cell walls. Without proper cell wall, bacteria can't survive, so they die.	Rash, hivees, diarrhea, N/V, yeast infections, and C-diff	- monitor for signs of allergic reaction -report any constant watery diarrhea -monitor kidney function
oxytocin	Uterotonic	Stimulates the uterus to contract	N/V, headache, low BP, rapid HR, water retention	-assess maternal vital signs and uterine frequently -monitor fetal heart rate and oxygenation - watch for hypersystole

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	Protecting both mother and baby from harm during labor
Goal/Outcome	Ensure maternal and fetal safety during labor

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. Continuous fetal monitoring and uterine contractions	1. FHR is 120 with minimal variability and no accelerations, which may indicate fetal stress. This allows for early detection of hypoxia or distress	1. FHR remains within normal limits with adequate variability and accelerations; early interventions can prevent fetal compromise
2. Assess and monitor maternal vital signs, pain, and labor	3. Elevated BP and HR may indicate stress or early	2. Maternal vital signs remain stable, contractions are

progression	preeclampsia. This ensure maternal safety and fetal safety	appropriate, and labor progression safely without maternal complications
3. Prepare for potential emergency interventions	4. History of preterm loss, limited prenatal care, and minimal prenatal labs increases risk for complications like fetal distress, postpartum hemorrhage, or preterm delivery	4. Rapid intervention possible if complications occur; maternal and fetal morbidity/mortality minimized

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	16.5	could indicate infection
Hgb	10.5	indicates anemia
Hct	31.5	indicates anemia
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
The GBS is unknown, and with until we get the lab results back we might treat it prophylactically		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	-fetal and mothers O2					Mothers BP and HR -fetal HR and O2	-progression of labor -fetal monitor