

# OB Simulation Patient Preparation Worksheet

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

Student Name: Harlee Richardson

Admit Date: 10/28/2025

Patient initials: BS

G- 3 T- 1 P- 2 A- 0 L- 1 M- 0

EDD: NA Gest. Age: NA

Blood Type/Rh: Pending

Rubella Status: Unknown/Pending

GBS status: Unknown

Obstetrical reason for admission: Pregnancy at unknown gestation in labor

Complication with this or previous pregnancies: Both of her previous pregnancies were born preterm

Chronic health conditions: None

Allergies: NKDA

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

## 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
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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, hives, 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.

<b>Nursing Priority</b>	Protecting both mother and baby from harm during labor		
<b>Goal/Outcome</b>	Ensure maternal and fetal safety during labor		
<b>Priority Assessment/Intervention(s)</b>	<b>Rationale</b>	<b>Expected Outcome</b>	
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
<b>Complete Blood Count (CBC) Labs</b>		
WBC	16.5	could indicate infection
Hgb	10.5	indicates anemia
Hct	31.5	indicates anemia
<b>Metabolic Panel Labs</b>		
<b>Are there any Labs results that are concerning to the Nurse?</b>		
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

**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
BP=140/90 HR=106 O <sub>2</sub> =95% T=98.7F RR=20	Freq. 9/min Dur. 60 sec Str.	Dil. 8cm Eff. 90% Sta. -1 Prest. BOW	FHR Var. Accel. Decel. TX.	Stage 1 - active that progressed to Stage 2	administer meperidine for pain delivery to fast for epidural	be there for mom & family... Support her through birth & after delivery	education on drug use
Time:		Focused Postpartum Assessment					
VS	CV	Resp	Neuro	GI	GU/Fundal	Skin	Other
blood pressure <del>100/60</del> ↓ due to blood loss	↑ HR	NA	NA	NA	Bladder Fundal loc Tone - boggy Lochia - ↑ blood loss due to rupture		Admin oxytocin & massage fundus
Time:		Focused Newborn Assessment					
VS	CV	Resp	Neuro	GI	GU	Skin	Other
	administered CPR	baby hypoxic no resp.				pale, blue	Sent to NICU

**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
<ul style="list-style-type: none"> <li>contractions a minute apart lasting 60 sec.</li> <li>↑ HR, ↑ RR, ↑ BP</li> <li>hx of drug use during pregnancy</li> <li>blood before pregnancy</li> <li>severe sharp pain felt like appendix burst</li> <li>late decelerations</li> </ul>	<ul style="list-style-type: none"> <li>uterine tachysystole suggest uterine &amp; fetal stress</li> <li>the ↑ HR, BP, &amp; RR also suggest fetal &amp; maternal stress → drug use</li> <li>drug use means complications during pregnancy &amp; fetal complications post delivery → baby hypoxic &amp; uterine rupture</li> <li>blood loss before delivering the baby → uterine rupture/hemorrhage</li> <li>the type of pain should've insinuated me to ask more questions &amp; suspect complication</li> </ul>
Most Important Fetal Assessment Findings	Clinical Significance
<ul style="list-style-type: none"> <li>not crying when delivered</li> <li>pale, blue, hypoxic</li> </ul>	<ul style="list-style-type: none"> <li>this means the baby is not breathing &amp; will need extra measures to start breathing &amp; CPR to be administered</li> </ul>

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

on page before → papers printed weird

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?

Most Important Maternal Assessment Findings	Clinical Significance
Most Important Fetal Assessment Findings	Clinical Significance

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
- high BP, HR, RR	⬇	↔	⬇
- minimal variability & no accelerations	⬆ baby delivered		
- pain		✓	

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
Overall I believe the pt declined first and then it improved after delivery & once we knew what was going on.	- ask more about time leading up to coming to the hospital. - more prompt noticing there was something wrong - focusing more on not having any hx about pregnancy → ask more questions	- prevent the uterine rupture from happening so baby & mom are safe

## Professional Communication - SBAR to Primary NURSE

### Situation

- Name/age Brittany Spears
- G3 P2 AB0 L1      EDB NA /      Est. Gest. Wks.: 31 WKS based on fundal measurement
- Reason for admission → pain in abdomen & think appendix ruptured

### Background

- Primary problem/diagnosis - ↑HR, BP, unknown pregnancy
- Most important obstetrical history - both previous babies were born preterm & only one is still living
- Most important past medical history - NA
- Most important background data - baby daddy in jail, lives w/ parents, drug use

### Assessment

- Most important clinical data:
  - Vital signs - HR 110, BP 140/90, RR 20
  - Assessment - gave birth, uterine rupture, PPH, uterus boggy.
  - Diagnostics/lab values - GBS unknown, all labs still pending
- Trend of most important clinical data (stable - increasing/decreasing)
- Patient/Family birthing plan? -
- How have you advanced the plan of care? - Oxytocin was administered, fundal massage given, sent to surgery for uterine rupture
- Patient response - pt lost a lot of blood, ↓BP, ↑HR, improved before going to surgery
- Status (stable/unstable/worsening) Stable

### Recommendation

- Suggestions for plan of care - education on post hemorrhage care, lochia, S/Sx of hemorrhage
- post op care/vitals      - education & support on drug use.
- mom & baby bonding if baby is stable

O2 therapy MASK

IV site left forearm

IV Maintenance LR @ 125 ml

IV Drips NA

Anesthesia Local / Epidural / Spinal / General

Episiotomy NA      Treatment pain meds

Incision NA      Dressing NA

Fundus Location '      Firm Boggy

Pain Score 8/10      Treatment pain meds

Fall Risk/Safety high fall risk due to blood loss

Diet general

Last Void NA      Last BM NA

Intake NA      Output: NA

### Notes: