OB Simulation Patient Preparation Worksheet

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

Student Name: Alexus Vargas Admit Date: _____

Patient initials: J G 1 P __ AB __ L __ M __ EDD: __/__/__ Gest. Age: 39

Blood Type/Rh: _____ Rubella Status: immune GBS status: positive

Obstetrical reason for admission: inability to stabilize temperature

Complication with this or previous pregnancies: N/A

Chronic health conditions: _____

Allergies: NKDA

Priority Body System(s) to Assess: cardiac and respiratory

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
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
hypothermia → infant is jittery, color is mottled; and increased respirations with grunting	Newborn doesn't have much fat and a large body surface area which makes it easy to lose heat.

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.			hypoxia	cardiac arrest or death
What interventions can prevent them from developing?			monitor temp warm clothes swaddle warm environment	close monitoring of vital signs oxygen therapy
What clinical data/assessments are needed to identify complications early?			O2 sat respiration rate temp -signs of dyspnea	vital signs. look for any signs of bradycardia/tachycardia
What nursing interventions will the nurse implement if the anticipated complication develops?			positioning O2 therapy	call for help CPR epinephrine NICU

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 1 mg	coagulant	prevents bleeding due to vitamin K deficiency	pain, swelling, or reaness at injection site	administered immediately after birth *consent from mom
erythromycin ophthalmic ointment		Prevent neonatal conjunctivitis -effective against gonorrheal chlamydia that causes ↑	generally well tolerated	-apply thin layer to lower conjunctival sac of each eye - admin after birth (within 1 hour)
sucrose solution		manage pain/ analgesia	generally well tolerated	- give before heel prick or venipuncture - via syringe or dropper into mouth
hep b vaccine	vaccine	prevent spread of hep b infection	redness, swelling or pain at injection site	*consent 1st dose within first 12 hr

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	stabilize temperature / prevent hypothermia
Goal/Outcome	temperature is stabilized

Priority Assessment/Intervention(s)	Rationale	Expected Outcome
1. thermoregulation	1. reduces metabolic demand	1. promotes oxygenation
2. Monitor VS (vital signs)	2. helps establish how newborn is doing or if any additional measures are needed	2. overall, see if newborn needs O2
3. supplemental O2 <90%	3. ↓ risk of respiratory distress and hypoxia	3. ensures baby is getting oxygenation ↓ risk of ICH

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
RBC	9.7	high
Hgb	25.8	high > hypoxia
HCT	65.9	high
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
H:H could indicate hypoxia		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
tachycardia bradycardia	increased resp				mottled blue skin	↑ resp ↓ or ↑ HR BP O2	

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Baby girl Jones
- G P AB L EDB / / Est. Gest. Wks.: 39 WKS
- Reason for admission delivered today

Background

- Primary problem/diagnosis baby had grunting & retractions, as well as WBC elevated
- Most important obstetrical history mom group B strep positive
- Most important past medical history
- Most important background data

Assessment

- Most important clinical data:
  - Vital signs T 96.6 HR 154 RR BP 70/50 O2 96% RA
  - Assessment respiratory presented with grunting, retractions, and increased respirations
  - Diagnostics/lab values WBC 29,000

Trend of most important clinical data (stable - increasing/decreasing) respiratory was increasing
temp decreasing

- Patient/Family birthing plan?
- How have you advanced the plan of care? NICU
- Patient response mom was concerned about not seeing baby and being discharged because she doesn't live here
- Status (stable/unstable/worsening)

Recommendation

- Suggestions for plan of care witheld hep B
  GBS positive
  case manager for lodging of mom after discharge

O2 therapy _____

IV site _____

IV Maintenance _____

IV Drips _____

Anesthesia Local / Epidural / Spinal / General

Episiotomy _____ Treatment _____

Incision _____ Dressing _____

Fundus Location U1 Firm / Boggy

Pain Score _____ Treatment _____

Fall Risk/Safety _____

Diet _____

Last Void 1200 Last BM _____

Intake _____ Output: 900 ml

Notes:

GBS positive
* witheld hep B

→ had mom void
- voided 900 mL

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
	HR 154	grunting retraction				blue mottled	

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**
hearing lung sounds - retractions	respiratory distress

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
resp - retractions grunting		X	
glucose heel stick 40 1st time / 42 2nd time		X	
WBC 29,000		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
overall, the babys status remained unchanged	- oxygen - breastfeed / DSW - abx - if infection	baby labs improve and baby gets better

NAME: Alexus Vargas DATE: 11.5.25

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
What feelings did you experience in clinical? Why?	I experienced a bunch of different emotions, ranging from anxious to scared to relief (from it being over..) I was anxious before going in, scared when I seen under moms blankets, and relief when I figured it out!
What did you already know and do well as you provided patient care?	I knew that the patient / baby blood sugar was low so we would need to give D5W and recheck.
What areas do you need to develop/improve?	I need to improve in critical thinking and what to do when you least expect something.
What did you learn today?	I learned how to remain calm and how to handle a overconcerned family member
How will you apply what was learned to improve patient care?	I will apply what I learned today by prioritizing What I need to do and what to do when something else comes up (like how to navigate away from my plans)
Please **reflect** on how your OB simulation learning experience assisted in meeting 2-3 of the **Student Learning Outcomes.**	1. I used collaboration with olivia when I assisted in her scenario. we were able to problem solve and delegate. 2. I was able to demonstrate professionalism when giving SBAR to my doctor in the scenario. 3. I used safety when taking care of mom and baby.

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6. Provide examples of care describing *one or more* of the IM6 Student Learning Outcomes.

IM6 Student Learning Outcomes				
Safety & Quality	**Clinical Judgment**	**Patient Centered Care**	**Professionalism**	**Communication & Collaboration**
Formulate a plan of care for the childbearing family, and the patient with mental health disorders using evidence-based practice, safety, and quality principles.	*Demonstrate clinical judgment using evidence-based data in making clinical decisions for the childbearing family, and the patient with mental health disorders.*	*Demonstrate family centered care based on the needs of the childbearing family, and the patient with mental health disorders.*	*Relate knowledge, skills, and attitudes required of the professional nurse by advocating and providing care to the childbearing families, and the patient with mental health disorders.*	*Communicate and collaborate effectively with patients, family, and members of the interdisciplinary team in the childbearing family, and the patient with mental health disorders.*

Safety & Quality: I used safety during my simulation scenario when looking out for baby and carefully assessing baby and mom

Clinical Judgment:

Patient Centered Care: I got to hold the teenagers hand during the nexplanon insertion

Professionalism: I demonstrated professionalism when using SBAR during my simulation scenario

Communication & Collaboration: I collaborated with Olivia during her simulation and we used effective communication to get through her outpatient scenario