

OB Simulation Patient Preparation Worksheet

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

Student Name: Jasmine Abalos Admit Date: _____
 Patient initials: A.J. G 2 P 1 AB 0 L 1 M 0 EDD: 3/27/XX Gest. Age: 39w
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: Positive
 Obstetrical reason for admission: SROM @ 39w, early labor, GBS+
 Complication with this or previous pregnancies: N/A
 Chronic health conditions: asthma
 Allergies: penicillin
 Priority Body System(s) to Assess: Respiratory & Vaginal/GU

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
SROM / early labor	1st stage of labor (latent) + membranes rupture. Dilation & effacement start to occur, but once membranes rupture, delivery should happen within 24hrs
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Group B Strep (+)	Bacterial infx that can be passed from mom to baby during delivery. Mom is usually tested @ 35-36w and given abx to prevent infx transmission.

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.	Chorioamnionitis	Umbilical cord prolapse	GBS infection	Sepsis
What interventions can prevent them from developing?	delivery w/m 24hrs + abx	FHR for 1min + temp @ 2hrs (after ROM)	prophylactic abx during labor @ 4hr til delivery	abx + monitor for S/S: fever, fussy, tachypnea/cyano
What clinical data/assessments are needed to identify complications early?	Monitor for fever, tachycardia/FHR, pain in uterus, abnormal dc	Cord slips out + gush of fluid, variable/prolong decel + bradycardic FHR	Test for GBS @ 35-36w, baby's S/S: WBS, poor feeding, temp instability	Assess VS/temp, behavior changes, breathing appearance
What nursing interventions will the nurse implement if the anticipated complication develops?	abx/analgesics, inducing labor, monitor VS	immediate delivery, hold cord in until in OR/delivery	NICU admit + IV abx, monitor S/S sepsis	early recognition, abx + IVF, monitor VS/IBS

Surgery or Invasive Procedures – LEAVE BLANK if this does not apply to your patient

Describe the procedure in your own words. (SVE)

NO SVE if ROM!

Procedure: **Sterile Vaginal Exam**
 Perine procedure using fingers inserted into vagina to assess for ROM, dilation & effacement, and fetal presentation. Determines labor progression.

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.	light bleeding & cramping	vaginal infx (unlikely)		
What interventions can prevent them from developing?	bleeding, cramps, & slight dis comfort is normal	Maintaining sterility		
What clinical data/assessments are needed to identify complications early?	SVE done to determine labor progression & when pushing can begin	Monitor for S/S infx (fever, pain), abnormal dc		
What nursing interventions will the nurse implement if the anticipated complication develops?	Report excessive bleeding & pain, continue to monitor	Antibiotics & monitoring VS/IBs/WBC		

Pharmacology *allergic to PCN*

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 stimulant	stimulates uterine contractions to induce labor	NV & contractions (dubio)	Watch HR & breathing, report heavy vag bleeding
Terbutaline	beta agonists	prevents premature labor, but tx SOB	Shakiness / trembling in hands & feet	for tachysystole (Monitor FHR) report difficulty breathing & abnormal HR/CP, TBS!!
Meprobamate	opioid analgesic	treats moderate-severe pain, CNS depressant	NV, dry mouth, constipation, drowsiness	drowsy/dizzy - assist getting up! fluids (constipation risk) assess VS/pain before & after admin
Promethazine	antiemetic antihistamine	treats nausea/vomiting & allergy S/S (runny nose, cough)	dry mouth & drowsiness	drowsy/dizzy - assist getting up report confusion/CNS impairment monitor breathing / JRR
Cefazolin	cephalosporin abox	treats and prevents bacterial infx	NVD! oral thrush	fluids & fiber for diarrhea report bloody stool, ↓VO, pain in stomach, thrush/keratitis
Clindamycin	macrolide abox	treats and prevents bacterial infx	NVD, metallic taste, vag dc	report SOB, ↓VO, pain swallowing may cause thick white vag dc, report vag burn, itch, swelling

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	Monitor VS & labor Progression		
Goal/Outcome	delivery w/in 24hrs and infx prevention		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. determine labor Progression (SVE) 2. Monitor VS, FHR (C, RESP, GU, Pain) 3. Watch for s/s infx & prevent	1. Since mom is in early labor & has SROM, must deliver w/in 24hrs to prevent infx 2. helps detect complications & ensures mom/fetal well-being (FHR + Amp after ROM!) 3. Want to prevent infx & complications early on (prophylactic measures/abx)	1. 100% & 100% & push thru delivery! prevent chorioamnionitis & cord prolapse 2. VS within normal limits for safe delivery, catching early s/s infx & complications 3. prevent or tx infx & complications for safe delivery (preeclampsia, sepsis, hemorrhage) etc	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5	↑ WBC indicates that body's fighting infx
Metabolic Panel Labs		
N/A		
Are there any Labs results that are concerning to the Nurse?		
↑ WBC indicate infx (GBS +)		

Current Priority Focused Nursing Assessment							
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	↑ RR / hyperinflation (teach slow breathing techniques)			SVE & labor Progression Watch for bleeding & pain			