OB Simulation Patient Preparation Worksheet

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

Student Name: Brittany FOX Admit Date: 11/18
Patient initials: AJ G 2 P 1 AB 0 L 1 M 0 EDD: 3/27/XX Gest. Age: 39wks
Blood Type/Rh: O+ Rubella Status: Immune GBS status: +
Obstetrical reason for admission: SROM, early labor
Complication with this or previous pregnancies: None - GBS+
Chronic health conditions: Asthma
Allergies: Penicillin
Priority Body System(s) to Assess: Fetal well-being / VS / abdomen

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	Increased uterine pressure can cause the membranes to tear leading to amniotic fluid exiting out the cervix and vagina.
Fetal/Newborn Implications	**Pathophysiology of Fetal/Newborn Implications**
infection	The amniotic cavity is no longer sterile and bacteria can ascend causing the fetus to inhale the contaminated fluid.

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	sepsis	early onset neonatal sepsis	Multi organ failure
What interventions can prevent them from developing?	fever tender fetal + maternal tachycardia ↑ WBC foul smell	penicillin G maintain hydration check temp regularly deliver soon	admin abx monitor FHR limit vaginal exams notify NICU team early	early IV abx respiratory support IVF + urine output enteral feeding
What clinical data/assessments are needed to identify complications early?	CBC continuous EFM/FHR US abdominal	hypotension AMS VS fetal monitoring blood cultures assess fluid	assess amniotic fluid FHR > 160 CBC + culture pallor lethargic temp instability	respiratory - grunting, retractions poor sucking / vomiting circulatory - urine output skin color
What nursing interventions will the nurse implement if the anticipated complication develops?	Q2 temp or Q1 if fever repositioning abx hydration	adjust abx O2 repositioning IV hydration expedite delivery	IV abx O2 as needed IVF maintain thermoregulation assess VS frequently	fluid resuscitation radiant warmer frequent VS + labs strict infection control

limit vaginal exams - sterile
encourage labor
monitor VS frequently

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	Oxytocic uterotonic agent	Stimulates uterine contractions to induce labor	BP changes dysrhythmias uterine rupture	uterine tone vaginal bleeding EFM + VS
Terbutaline	beta 2 adrenergic agonist tocolytic	suppresses uterine activity	↑ glucose hypotension tachycardia pulmonary edema	I+O auscultate lungs hold HR >120 monitor BGL
Meperidine	opiod	to control pain	GI upset sedation dry mouth hypotension	monitor FHR monitor respirations ↑ fibers + fluid
Promethazine	antihistamine	blocks the signals in brain that make you feel nauseous	sedation dry mouth constipation	monitor respirations monitor LOC help pt rest
Penicillin G	antibiotic	treat bacterial infections (GBS)	candidiasis N/V diarrhea rash	monitor WBC monitor temp + HR for worsening infection prevent C diff from diarrhea

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	Administer Penicillin G	
Goal/Outcome	Prevent infection / sepsis	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Limit vaginal exams	1. Reduce the risk of ascending infection	1. FHR remain in normal range, maternal temp doesn't ↑, & absence of foul smelling fluid
2. Monitor maternal and fetal status	2. Want to watch for infection (↑ temp & HR), uterine tenderness, and any signs of distress	2. Early detection of infection to prevent it from worsening
3. Prepare for delivery	3. Risk of infection is greater the longer delivery takes after rupture	3. NICU team notified & ready to care for baby to receive timely intervention. Minimize complications.

Abnormal Relevant Lab Test	**Current**	**Clinical Significance**
Complete Blood Count (CBC) Labs		
WBC	12.5	Indicates infection present - possibly chorioamnionitis
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		

Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
FHR maternal tachycardia			uterine tenderness contractions			temperature	amniotic fluid variability & decelerations