OB Simulation Patient Preparation Worksheet
This section is to be completed prior to Sim Day 1:

Student Name: Camryn Cowley   Admit Date: 4/28
Patient initials: SR   G 1 P 0 AB 0 L 0 M 0 EDD: 12 / 8 / XX Gest. Age: 36wk
Blood Type/Rh: D positive Rubella Status: immune   GBS status: negative
Obstetrical reason for admission: Water break - ROM
Complication with this or previous pregnancies: Breech Presentation
Chronic health conditions:
Allergies: NKDA
Priority Body System(s) to Assess: FHR, Vitals-Temp, uterine system, perineum

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	amniotic sac breaks on own, releasing the amniotic fluid

Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
Cord problems, preterm birth Infection	ruptured membranes can expose the baby to infection, preterm birth, and low O$_2$ from cord compression

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.	Infection	Sepsis	Fetal Distress	Prolapsed Cord
What interventions can prevent them from developing?	Limit vaginal Exam Keep pads/linen clean/dry	early infection recognition Maintain hydration	Continue EFM ensure adequate maternal perfusion	keep mom in bed if head is not engaged
What clinical data/assessments are needed to identify complications early?	Temp a 2 hr Foul Smell uterine tenderness	Tachycardia BP trending down ↑fever/chills	FHR baseline + variability Decels pattern after contract	Sudden fetal brady-cardia cord felt/seen
What nursing interventions will the nurse implement if the anticipated complication develops?	Start antibiotics ASAP	Rapid fluid IV antibiotics	Reposition to left lateral & Start O$_2$	lift presenting part and prep for C-section

1

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

Describe the procedure in your *own* words.

Procedure	Possible C-section

Incision is made through the abdomen/uterus to deliver the baby

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.	Infection	Hemorrhage	Resp Distress (delayed clearance)	Severe Hypoxia
What interventions can prevent them from developing?	Prophylactic IV abx	assess fundus/ lochia maintain IV access	suction mouth/ nose at birth	Continuous monitor maintain maternal BP
What clinical data/assessments are needed to identify complications early?	fever, incisional redness/drainage foul lochia, ↑HR	Boggy fundus, ↑pad saturation ↑HR, ↓BP	nasal flare grunting, ↓O₂ retractions	non reassuring FHR absent variability Poor tone at birth low apgar
What nursing interventions will the nurse implement if the anticipated complication develops?	Start IV abx vitals notify MD	fundal massage uterotonics IV fluids/blood notify MD	warm/dry clear airway apply O₂	stimulate clear airway bag-mask

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
Terbutaline	Beta-2 adrenergic agonist	relaxes uterine muscles to stop/prevent contractions	↑HR, tremors, anxiety, HA	monitor vitals FHR monitor contractions
Cefazolin	cephalo- sporin	kills bacteria by stopping growth	rash, diarrhea nausea	allergies, watch for C.diff ensure correct time/dose

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 Goal/Outcome	Prevent infection no infection develops FHR remains reassuring	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Monitor maternal Temp & VS Q 2hr	1. early fever / tachycardia signals infection	1. mother stays in normal range and stable
2. Assess FHR regularly	2. show ↑ risk of fetal distress from infection or cord prob.	2. FHR remains reassuring with no decels
3. Limit vaginal exams - maintain sterile technique	3. each exam ↑ infection risk	3. no signs of chorioamnionitis membranes remain clear and odorless

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	15.5	could indicate infection
Hct	35.4	anemia, maternal blood loss, normal hemodilution
Metabolic Panel Labs		

Are there any Labs results that are concerning to the Nurse?

As of right now, no

	Current Priority Focused Nursing Assessment							
CV	**Resp**	**Neuro**	**GI**	**GU**	**Skin**	**VS**	**Other**
assess q2 for S/s of infection						every 2hr unless temp spikes	