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
Nitrazine test

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 tenser 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 uteratonic 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 ↑ fluid + fluid
Promethazine	antihistamine	blocks the signals in brain that make you feel nauseous	sedation dry mouth constipation	monitor respirations monitor LOC help pt mave
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
Clindamycin	antibiotic	treat bacterial infections	N/V diarrhea	monitor WBC monitor temp watch for S/S infection

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~~ Clindamycin	
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

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
98.6°F 84 HR 138/86 16 RR 98%	Freq. Q3 min Dur. Str. strong - forehead	Dil. 3-4cm Eff. 75% Sta. -2 Prest. BOW	FHR 140 Var. mod Accel. + Decel. TX.	active - transition and second stage	6/10 meperidine given	screened for IPV sent family out	
Time:		**Focused Postpartum Assessment**					
VS	**CV**	**Resp**	**Neuro**	**GI**	**GU/Fundal**	**Skin**	**Other**
139/89 84 97% 98.6°F 15 RR	no murmurs				Bladder Fundal locU/U Tone firm Lochia dark red		
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
IPV	safety of the patient and making choices for herself and baby
Most Important Fetal Assessment Findings	**Clinical Significance**
decelerations	causes fetal compromise - decreased HR, hypoxia

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
Oxytocin administration			✓
Safety	✓		
Pain	✓		
Labor	✓		

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
Declined then improved	Performed IUR Administered pain medications slowly increase oxytocin instead	Fetus may not have declined May not have had decelerations

Professional Communication - SBAR to Primary NURSE

Situation

- Name/age Alice Jones 24yo
- G 2 P 2 AB 0 L 2 EDB 3/27/XX Est. Gest. Wks.: 39 wks
- Reason for admission SROM, early labor

Background

- Primary problem/diagnosis early labor
- Most important obstetrical history GBS+
- Most important past medical history Asthma - LGA previously
- Most important background data IPV

Assessment

- Most important clinical data:
  - Vital signs afebrile
  - Assessment leopolds, tocos, vaginal exam
  - Diagnostics/lab values ↑ WBC

Trend of most important clinical data (stable - increasing/decreasing) need to re-check labs

- Patient/Family birthing plan? wanted natural birth until pain increased
- How have you advanced the plan of care? let patient have her own voice in decision making
- Patient response ↑ oxytocin to progress labor
- Status (stable/unstable/worsening) Fetus had decelerations but corrected with interventions uncomplicated birth

Recommendation

- Suggestions for plan of care
  Have security outside room for family members
  Small ↑ in oxytocin for delivery of placenta

O2 therapy have 10 LPM for IUR

IV site (L) forearm 18g

IV Maintenance LR 125 mL/hr

IV Drips Oxytocin (8mL/hr) clindamycin (900mg)

Anesthesia Local / Epidural / Spinal / General

Episiotomy — Treatment —

Incision — Dressing —

Fundus Location U/U (Firm) / Boggy

Pain Score 6/10 Treatment Meperidine

Fall Risk/Safety IPV

Diet

Last Void Last BM

Intake Output:

Notes:

Fetus had decelerations after increasing oxytocin. IUR was initiated and no further complications occurred.

NAME: Brittany Fox DATE: 11/18/25

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 felt pretty positive and confident in the scenario after it happened. It felt a little all over the place to me but things were delegated well. There was also a bit of sadness for the patient and how her baby daddy and his mom were treating her. It's sad that many woman go through this.
What did you already know and do well as you provided patient care?	Providing resources for women needing safety. Informing the patient that everything is confidential and that she can make decisions without anyone knowing. Reading the strips on the monitor.
What areas do you need to develop/improve?	Clarifying orders better with a physician who is being rude and trying to get off the phone.
What did you learn today?	Not to increase oxytocin at an increment of 4mL/hr. I can ask family to leave at any point if they are disrupting care.
How will you apply what was learned to improve patient care?	Increase oxytocin by 1mL/hr and watch for decels prior to increasing anymore. Involve security if needed for hostile visitors.
Please **reflect** on how your OB simulation learning experience assisted in meeting 2-3 of the **Student Learning Outcomes.**	1. Communication and Collaboration: I remained professional with family members who were over bearing and demanding certain plans of care for the patient. I kept redirecting to the patient and kindly asked the family members to leave. I also remained calm and 2. professional with the physician as she was rudely giving verbal orders on the phone. Patient centered care: I advocated fiercly for my patient and her birth plan. When IPV was being 3. displayed, I asked them to step out so that the patient could receive the care she wanted without fear of retaliation. I also provided her with resources so she could become independent and remove herself from the toxic home life.