# OB Simulation Patient Preparation Worksheet

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

Student Name: _Jessica Longoria_ Admit Date: _12/2/2025_
Patient initials: _AJ_ G _2_ P _1_ AB _0_ L _1_ M _0_ EDD: _3_/_27_/_25_ Gest. Age: _39_
Blood Type/Rh: _O/Rh+_ Rubella Status: _Immune_ GBS status: _Positive_
Obstetrical reason for admission: _Group B strep+_
Complication with this or previous pregnancies: _____
Chronic health conditions: _Asthma_
Allergies: _Penicillin_
Priority Body System(s) to Assess: _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 |
|---|---|
| Group B Strep + | Bacteria that commonly colonizes the GI and genitourinary tracts of healthy adults that can increase in pregnancy that can cause infections. |
| **Fetal/Newborn Implications** | **Pathophysiology of Fetal/Newborn Implications** |
| Possible Chorioamnionitis or GBS disease | Infection and inflammation of the chorion, amnion, amniotic fluid, placenta, and sometimes the fetus. Almost always begins with bacteria from the lower genital tract. |

## 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. | UTI | GBS Sepsis | Early-Onset Sepsis | Sepsis with Septic Shock |
| What interventions can prevent them from developing? | Increase fluids, educate to void often, wipe front to back. | Intrapartum AB prophylaxis | AB given to mom, AB to fetus, aseptic techniques. | GBS screening, prophylaxis, infection control measures |
| What clinical data/assessments are needed to identify complications early? | Dysuria, frequent urge to urinate, cloudy and foul smelling urine. Stomach pain. | Increased temp., HR, RR, WBC, chills, malaise | Temp. instability, increase RR and HR. poor feeding, respiratory distress | GBS positive (maternal), Temp. instability, increased HR and RR, poor feeding, respiratory distress, oliguria, blood cultures are definitive for sepsis |
| What nursing interventions will the nurse implement if the anticipated complication develops? | Monitor VS (temp.), increase fluids, encourage voiding, Patient education to prevent UTI | Immediate VS monitor, obtain diagnostic specimens, prepare for potential delivery. | Immediate VS monitor, obtain and monitor diagnostic tests, administer meds, aseptic techniques, | Immediate VS assessment and monitor, obtain and monitor diagnostic test, administer meds, respiratory support & thermoregulation, aseptic techniques. |

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# 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 |
|---|---|---|---|---|
| Acetaminophen | Analgesics | Blocks pain signals in the brain and reduces fever. | Upset stomach, rash, headache, liver damage | Pain assessment, monitor temp., assess liver function (jaundice, dark urine, NIV), max dose (overdose). |
| Ibuprofen | NSAID | Blocks pain and inflammation chemicals and reduces fever. | Upset stomach, rash, bleeding (GI or ulcers), Risk of heart attack or stroke with long term. | Pain, inflammation and fever assessment, monitor GI effects (ulcers, GI bleeding), Encourage taking med with food or milk to reduce stomach irritation. |
| PNV-Nature Made Prenatal Multi + DHA | Iron products, vitamin & mineral combinations | Fill nutritional gaps in pregnancy. Supports healthy pregnancy, fetal growth and maternal health. | Constipation, upset stomach, unpleasant aftertaste or fishy burps. | Take with food, Drink plenty of water, add fiber (constipation), assess bowel patterns, monitor iron effects (H & H). |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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# 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 | Treate GBS (administer ABs) | |
|---|---|---|
| Goal/Outcome | Mom and baby are without infections. | |
| **Priority Assessment/Intervention(s)** | **Rationale** | **Expected Outcome** |
| 1. Treate GBS+ (ABs)<br><br>2. Monitor Fetus (Chorioamnionitis)<br><br>3. GBS+ education and support (signs of infection) | 1. Reduces vertical transmission of GBS to the newborn.<br><br>2. Early dectection of fetal compromise allows timely interventions.<br><br>3. Informed patients are more likely to comply with treatment and recognize early warning signs for mom & baby. | 1. ABs received at correct dose and timing. GBS transmission to the newborn is significantly reduced.<br><br>2. Prevention of neonatal sepsis. FHR patterns are WNL (no distress).<br><br>3. mom recognize signs of infections for mom & baby. Mom demonstrates adherence to recommended interventions. Anxiety and fear are reduced. |

| Abnormal Relevant Lab Test | Current | Clinical Significance |
|---|---|---|
| **Complete Blood Count (CBC) Labs** | | |
| | | |
| GBS | + | treated before delivery. |
| | | |
| **Metabolic Panel Labs** | | |
| | | |
| | | |
| **Are there any Labs results that are concerning to the Nurse?** | | |
| BP (138/92) & Protein 1+ | | |

| Current Priority Focused Nursing Assessment | | | | | | | |
|---|---|---|---|---|---|---|---|
| CV | Resp | Neuro | GI | GU | Skin | VS | Other |
| Yes | Yes | Yes | \ | \ | \ | Yes | |

| Time: | Focused OB Assessment | | | | | | |
|---|---|---|---|---|---|---|---|
| VS | Contractions | Vaginal exam | Fetal Assessment | Labor Stage/phase | Pain Plan | Emotional | Other |
| WNL | Freq. 2/3 mins<br>Dur. 70 seconds<br>Str. Strong 3+ | Dil. 5/6 cm<br>Eff. 85 %<br>Sta. -1<br>Prest. Cephalic<br>BOW | FHR 134<br>Var. moderate<br>Accel.<br>Decel. Late<br>TX. IUR | active labor | Pain medication<br>Birthing Plan<br>Duo breathing<br>or distraction<br>techniques | Followed birth plan as close as possible.<br>Removed stress of husband and mom<br>Mom's request of family members present during labor was honored. | → mom had successful vaginal delivery and stated excitement about baby. |

| Time: | Focused Postpartum Assessment | | | | | | |
|---|---|---|---|---|---|---|---|
| VS | CV | Resp | Neuro | GI | GU/Fundal | Skin | Other |
| | | | | | Bladder<br>Fundal loc<br>Tone<br>Lochia | | |

| 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 |
|---|---|
| Maternal GBS and contractions | Active labor |

| Most Important Fetal Assessment Findings | Clinical Significance |
|---|---|
| FHM late decelerations | Placental Insufficient |

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 |
| Late decelerations | ✓ | | |
| Aggressive/abusive family (removed) | ✓ | | |
| | | | |
| | | | |

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 |
|---|---|---|
| Improved. | | Mom had successful vaginal delivery of baby. |

# Professional Communication - SBAR to Primary NURSE

## Situation

- Name/age Alice Jones
- G 2 P 2 AB 0 L 2    EDB 3 /27 /2025    Est. Gest. Wks.: 39
- Reason for admission GBS positive, contractions, active labor

## Background

- Primary problem/diagnosis GBS +
- Most important obstetrical history GBS+
- Most important past medical history Asthma
- Most important background data Penicillin allergies

## Assessment

- Most important clinical data: Late decels; abusive or agressive dad/spouse.
  - Vital signs WNR
  - Assessment Late decelerations, VS, vaginal exam
  - Diagnostics/lab values WBC,
  *Trend* of most important clinical data (stable - increasing/decreasing) Late decels -stable w/delivery.
- Patient/Family birthing plan? Yes (dim lights, quiet room, vaginal deliver, no heavy medication)
- How have you advanced the plan of care? Removed dad 3 min from room for proper pt. care of mom.
- Patient response Successful vaginal delivery result from IUR.
- Status (stable/unstable/worsening) Stable

## Recommendation

- Suggestions for plan of care
Education on domestic violence. Questionaire on safety. Set up "safe word" if needed.
Post partum hemorrhage education with fundal massages to return uterus to prepregnant size.

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O2 therapy 10L/min NRB for IUR

IV site L A/C 18g

IV Maintenance 125mL/hr (LR)

IV Drips Oxytocin (titraite)

Anesthesia  Local / Epidural / Spinal / General

Episiotomy _____ Treatment _____

Incision _____ Dressing _____

Fundus Location ____ N/A ____ Firm / Boggy

Pain Score ____ N/A ____ Treatment Delivery

Fall Risk/Safety Fall bundle due to delivery

Diet Regular

Last Void _____ Last BM _____

Intake _____ Output: _____

**Notes:**