

OB Simulation Patient Preparation Worksheet

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

Student Name: Renya Robertson Admit Date: _____
 Patient initials: AJ G 2 P 1 AB / L1 M / EDD: 3/27/XX Gest. Age: 39 wks
 Blood Type/Rh: O+ Rubella Status: Immune GBS status: Positive
 Obstetrical reason for admission: SROM, Early labor at 39 wks.
 Complication with this or previous pregnancies: Denies
 Chronic health conditions: Asthma controlled w/ meds
 Allergies: Penicillin
 Priority Body System(s) to Assess: FHR, Temp Q 2hrs, cervical exam
Contractions, RR

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	SROM at term occurs when the amniotic sac breaks and reduces the barrier between the uterus and vagina, which can't the risk for infection.
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
↑ risk for infection	Due to prolonged exposure after rupture of membranes along w/ GBS positive.

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/ septic shock	Early onset neonatal sepsis	Septic shock
What interventions can prevent them from developing?	Admin. GBS prophylactic abx. Limit vaginal exams, strict aseptic	Early recognition, treatment (abx), frequent assess., aseptic technique	GBS prophylactic abx, monitor FHR, promote timely delivery	Early recognition, treatment (abx), prep for immediate assessment, closely monitor
What clinical data/assessments are needed to identify complications early?	Amniotic fluid characteristics, Maternal temp, HR, uterine tenderness, FHR patterns.	Maternal VS, LOC, UO, Lab trends (↑WBC), fetal tachycardia	FHR patterns (tachy), Maternal indicators, Newborn VS & behavior.	Resp status, perfusion indicators, LOC, Lab data.
What nursing interventions will the nurse implement if the anticipated complication develops?	Notify provider, Broad-spectrum abx, VS, promote delivery w/ strict aseptic technique.	Notify provider ASAP, oxygen, Broad-spectrum abx, bolus, prepare for rapid delivery.	Notify provider, prep for evaluation, IV access, Monitor VS	Activate emergency response neonatal support, support airway & breathing, admin IV fluids & abx, prep for NICU transfer

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	Uterotonic	Stimulates uterine smooth muscle contractions to induce or augment labor.	Uterine tachysystole, fetal distress, N/V, hypotension	Monitor FHR and contraction pattern, titrate per protocol, assess
Terbutaline	Beta2 agonist	Relaxes smooth muscles in airway and uterus. Open airway, decrease contractions	Tachycardia, tremors, nervous, hypotension, fetal tachy	Monitor HR & BP, assess uterine activity & FHR, hold if maternal HR > 120
Meperidine	Opioid analgesic	Connects to opioid receptors in CNS to alter pain perception	Sedation, N/V, resp. depression, hypotension, ↓ FHR	Assess pain, LOC, RR, FHR. Have naloxone at bedside, monitor mother & baby for opioid effects.
Promethazine	Anti-emetic	Reduces nausea & vomiting	Sedation, dizziness, dry mouth	Assess nausea, LOC, BP. Monitor for sedation, use w/ caution w/ other CNS depressants.
Clindamycin	Antibiotic	Prevents growth of susceptible bacteria	Diarrhea, nausea, rash, risk of C Diff	Monitor for allergic reactions, GI symptoms, and signs of infection improvement.

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	Prevent infection		
Goal/Outcome	Mother will have stable VS and FHR w/ no infection or complications.		
Priority Assessment/Intervention(s)	Rationale	Expected Outcome	
1. Administer GBS antibiotics	1. Reduce risk of maternal and neonatal infection	1. Mother and baby stay free from GBS related infection	
2. Assess FHR & contractions	2. Detects fetal distress or abnormal labor patterns early	2. FHR remains within normal range & labor safely progresses	
3. Monitor maternal vitals & pain	3. Identifies early signs of complications (infection or hypotension)	3. Maternal VS stay stable, pain is manageable and no complications.	

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	12.5 ↑	Could indicate infection
Metabolic Panel Labs		
Are there any Labs results that are concerning to the Nurse?		
WBC, due to pt's risk for infection		

Current Priority Focused Nursing Assessment							
CV	Resp ✓	Neuro ✓	GI	GU	Skin	VS ✓	Other
	Watch for asthma attack	Some meds may effect LOC				For infection risk	