OB Simulation Patient Preparation Worksheet

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

Student Name: Dylan Thomas   Admit Date: 1/20/26

Patient initials: BS   G3 P2 AB0 L1 M0 EDD: 1/20/26 Gest. Age:

Blood Type/Rh: UK   Rubella Status: UK   GBS status: UK

Obstetrical reason for admission: Pregnancy at unknown gestation in labor

Complication with this or previous pregnancies: Poor prenatal care

Chronic health conditions: unknown

Allergies: NKDA

Priority Body System(s) to Assess: FHR assessment

Pathophysiology

Interpreting clinical data collected, what is the primary/current medical/obstetrical problem?

State the pathophysiology of this problem in your *own* words.

Medical/Obstetrical Problem	Pathophysiology of Medical/Obstetrical Problem
Labor at unknown gestation	Unknow status of baby and what will be needed
Fetal/Newborn Implications	Pathophysiology of Fetal/Newborn Implications
the unknown issues due to poor prenatal care	Provides broad range of potential problems requiring the team to be ready for anything

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.	Tachysystole	Placental abruption/ uterine rupture	Fetal hypoxia	Stillbirth / Severe hypoxic brain injury
What interventions can prevent them from developing?	Stopping oxytocin	Vaginal exams and abdominal exams	4 turns	Constant monitoring
What clinical data/assessments are needed to identify complications early?	Abdominal Exam	Vaginal exams	Continuous EFM	Continuous EFM
What nursing interventions will the nurse implement if the anticipated complication develops?	Terbutaline	Notify provider	increase Oxygen, turn, stop oxytocin	Notify provider

Surgery or Invasive Procedures –

Describe the procedure in your *own* words.

Procedure

Surgery/Procedures Problem Recognition –

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	Pham. Class	Mechanism of Action in OWN WORDS	Common Side Effects	Assessments/Nursing Responsibilities
IV LR	Crystalloid	expand vascular volume increase blood flow	Fluid overload electrolyte imbalance	Monitor I&O, lung sounds, BP, FHR response
Terbutaline	Beta agonist	Relaxes uterus allows oxygen to get to baby	Tachycardia, tremor, anxiety	check BP, HR, FHR before & after
~~Meperidine~~ Oxygen	Oxygen therapy	Increase oxygen levels for mom and baby	Dry mouth, CO_2 retention risk	Monitor CO_2 & FHR response
Promethazine	antiemetic	Blocks nausea reaction to brain	Sedation, dizziness	Fall precautions
meperidine ~~Oxytocin~~	Opioid analgesic	Reduces pain	Respiratory distress, nausea	avoid if birth is soon & monitor FHR
Penicillin G	Beta-lactam antibiotic	Kills GBS bacteria	Rash, diarrhea, anaphylaxis	watch for reaction, start ASAP,

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	Immediate continous FHR monitoring	
Goal/Outcome	Baby present all signs of being healthy	
Priority Assessment/Intervention(s)	**Rationale**	**Expected Outcome**
1. Vaginal assessment	1. Provides information if there has been any rupture/bleeding/cord issues	1. No bleeding or cord seen
2. Abdominal exam	2. Helps assess gestational age provid more insigh on what to expect and position of baby	2. No tenderness or burning expected to have tightness
3. 4 turns	3. Helps increase babies oxygen and provide comfort by increasing oxygen, fluids, turning on side, stopping oxytocin	3. Baby oxygen increase and pain relief

Abnormal Relevant Lab Test	Current	Clinical Significance
Complete Blood Count (CBC) Labs		
WBC	16.5	Sign of infection
Hgb	10.5	Sign of lower oxygen
Metabolic Panel Labs Pending		
Are there any Labs results that are concerning to the Nurse?		

				Current Priority Focused Nursing Assessment				
CV	Resp	Neuro	GI	GU	Skin	VS	Other
	Promote better Oxygen intake for baby					Monitor both mom & baby to provide the best care	Continous FHR to keep watch on baby

3